

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Illinois Motor Vehicle Theft Prevention and
5 Insurance Verification Act is amended by changing Sections 8.5
6 and 8.6 as follows:

7 (20 ILCS 4005/8.5)

8 (Section scheduled to be repealed on January 1, 2025)

9 Sec. 8.5. State Police Motor Vehicle Theft Prevention
10 Trust Fund. The State Police Motor Vehicle Theft Prevention
11 Trust Fund is created as a trust fund in the State treasury.
12 The State Treasurer shall be the custodian of the ~~Trust~~ Fund.
13 The State Police Motor Vehicle Theft Prevention Trust Fund is
14 established to receive funds from the Illinois Motor Vehicle
15 Theft Prevention and Insurance Verification Council. All
16 interest earned from the investment or deposit of moneys
17 accumulated in the ~~Trust~~ Fund shall be deposited into the
18 ~~Trust~~ Fund. Moneys in the ~~Trust~~ Fund shall be used by the
19 Illinois State Police for motor vehicle theft prevention
20 purposes.

21 (Source: P.A. 102-538, eff. 8-20-21.)

22 (20 ILCS 4005/8.6)

1 Sec. 8.6. State Police Training and Academy Fund; Law
2 Enforcement Training Fund. Before April 1 of each year, each
3 insurer engaged in writing private passenger motor vehicle
4 insurance coverage that is included in Class 2 and Class 3 of
5 Section 4 of the Illinois Insurance Code, as a condition of its
6 authority to transact business in this State, may collect and
7 shall pay ~~shall collect and remit~~ to the Department of
8 Insurance an amount equal to \$4, or a lesser amount determined
9 by the Illinois Law Enforcement Training Board by rule,
10 multiplied by the insurer's total earned car years of private
11 passenger motor vehicle insurance policies providing physical
12 damage insurance coverage written in this State during the
13 preceding calendar year. Of the amounts collected under this
14 Section, the Department of Insurance shall deposit 10% into
15 the State Police Training and Academy Fund and 90% into the Law
16 Enforcement Training Fund.

17 (Source: P.A. 102-16, eff. 6-17-21.)

18 Section 10. The Illinois Insurance Code is amended by
19 changing Sections 35B-30, 143, 143a, 229.4a, 353a, 355a, 408,
20 412, and 416 and by adding Section 355c as follows:

21 (215 ILCS 5/35B-30)

22 Sec. 35B-30. Certificate of division.

23 (a) After a plan of division has been adopted and
24 approved, an officer or duly authorized representative of the

1 dividing company shall sign a certificate of division.

2 (b) The certificate of division shall set forth:

3 (1) the name of the dividing company;

4 (2) a statement disclosing whether the dividing
5 company will survive the division;

6 (3) the name of each new company that will be created
7 by the division;

8 (4) the kinds of insurance business enumerated in
9 Section 4 that the new company will be authorized to
10 conduct;

11 (5) the date that the division is to be effective,
12 which shall not be more than 90 days after the dividing
13 company has filed the certificate of division with the
14 recorder, with a concurrent copy to the Director;

15 (6) a statement that the division was approved by the
16 Director in accordance with Section 35B-25;

17 (7) ~~(6)~~ a statement that the dividing company
18 provided, no later than 10 business days after the
19 dividing company filed the plan of division with the
20 Director, reasonable notice to each reinsurer that is
21 party to a reinsurance contract that is applicable to the
22 policies included in the plan of division;

23 (8) ~~(7)~~ if the dividing company will survive the
24 division, an amendment to its articles of incorporation or
25 bylaws approved as part of the plan of division;

26 (9) ~~(8)~~ for each new company created by the division,

1 its articles of incorporation and bylaws, provided that
2 the articles of incorporation and bylaws need not state
3 the name or address of an incorporator; and

4 (10) ~~(9)~~ a reasonable description of the capital,
5 surplus, other assets and liabilities, including policy
6 liabilities, of the dividing company that are to be
7 allocated to each resulting company.

8 (c) The articles of incorporation and bylaws of each new
9 company must satisfy the requirements of the laws of this
10 State, provided that the documents need not be signed or
11 include a provision that need not be included in a restatement
12 of the document.

13 (d) A certificate of division is effective when filed with
14 the recorder, with a concurrent copy to the Director, as
15 provided in this Section or on another date specified in the
16 plan of division, whichever is later, provided that a
17 certificate of division shall become effective not more than
18 90 days after it is filed with the recorder. A division is
19 effective when the relevant certificate of division is
20 effective.

21 (Source: P.A. 100-1118, eff. 11-27-18.)

22 (215 ILCS 5/143) (from Ch. 73, par. 755)

23 Sec. 143. Policy forms.

24 (1) Life, accident and health. No company transacting the
25 kind or kinds of business enumerated in Classes 1 (a), 1 (b)

1 and 2 (a) of Section 4 shall issue or deliver in this State a
2 policy or certificate of insurance or evidence of coverage,
3 attach an endorsement or rider thereto, incorporate by
4 reference bylaws or other matter therein or use an application
5 blank in this State until the form and content of such policy,
6 certificate, evidence of coverage, endorsement, rider, bylaw
7 or other matter incorporated by reference or application blank
8 has been filed electronically with the Director, either
9 through the System for Electronic Rate and Form Filing (SERFF)
10 or as otherwise prescribed by the Director, and approved by
11 the Director. Any such endorsement or rider that unilaterally
12 reduces benefits and is to be attached to a policy subsequent
13 to the date the policy is issued must be filed with, reviewed,
14 and formally approved by the Director prior to the date it is
15 attached to a policy issued or delivered in this State. It
16 shall be the duty of the Director to disapprove or withdraw
17 ~~withhold approval of~~ any such policy, certificate,
18 endorsement, rider, bylaw or other matter incorporated by
19 reference or application blank filed ~~with him~~ if it contains
20 deficiencies, provisions which encourage misrepresentation or
21 are unjust, unfair, inequitable, ambiguous, misleading,
22 inconsistent, deceptive, contrary to law or to the public
23 policy of this State, or contains exceptions and conditions
24 that unreasonably or deceptively affect the risk purported to
25 be assumed in the general coverage of the policy. In all cases
26 the Director shall approve, withdraw, or disapprove any such

1 form within 60 days after submission unless the Director
2 extends by not more than an additional 30 days the period
3 within which ~~the he shall approve or disapprove any such~~ form
4 shall be approved, withdrawn, or disapproved by giving written
5 notice to the insurer of such extension before expiration of
6 the initial 60 days period. The Director shall withdraw ~~his~~
7 approval of a policy, certificate, evidence of coverage,
8 endorsement, rider, bylaw, or other matter incorporated by
9 reference or application blank if it is subsequently
10 determined ~~he subsequently determines~~ that such policy,
11 certificate, evidence of coverage, endorsement, rider, bylaw,
12 other matter, or application blank is misrepresentative,
13 unjust, unfair, inequitable, ambiguous, misleading,
14 inconsistent, deceptive, contrary to law or public policy of
15 this State, or contains exceptions or conditions which
16 unreasonably or deceptively affect the risk purported to be
17 assumed in the general coverage of the policy or evidence of
18 coverage.

19 If a previously approved policy, certificate, evidence of
20 coverage, endorsement, rider, bylaw or other matter
21 incorporated by reference or application blank is withdrawn
22 for use, the Director shall serve upon the company an order of
23 withdrawal of use, either personally or by mail, and if by
24 mail, such service shall be completed if such notice be
25 deposited in the post office, postage prepaid, addressed to
26 the company's last known address specified in the records of

1 the Department of Insurance. The order of withdrawal of use
2 shall take effect 30 days from the date of mailing but shall be
3 stayed if within the 30-day period a written request for
4 hearing is filed with the Director. Such hearing shall be held
5 at such time and place as designated in the order given by the
6 Director. The hearing may be held either in the City of
7 Springfield, the City of Chicago or in the county where the
8 principal business address of the company is located. The
9 action of the Director in disapproving or withdrawing such
10 form shall be subject to judicial review under the
11 Administrative Review Law.

12 This subsection shall not apply to riders or endorsements
13 issued or made at the request of the individual policyholder
14 relating to the manner of distribution of benefits or to the
15 reservation of rights and benefits under his life insurance
16 policy.

17 (2) Casualty, fire, and marine. The Director shall require
18 the filing of all policy forms issued or delivered by any
19 company transacting the kind or kinds of business enumerated
20 in Classes 2 (except Class 2 (a)) and 3 of Section 4 in an
21 electronic format either through the System for Electronic
22 Rate and Form Filing (SERFF) or as otherwise prescribed and
23 approved by the Director. In addition, he may require the
24 filing of any generally used riders, endorsements,
25 certificates, application blanks, and other matter
26 incorporated by reference in any such policy or contract of

1 insurance. Companies that are members of an organization,
2 bureau, or association may have the same filed for them by the
3 organization, bureau, or association. If the Director shall
4 find from an examination of any such policy form, rider,
5 endorsement, certificate, application blank, or other matter
6 incorporated by reference in any such policy so filed that it
7 (i) violates any provision of this Code, (ii) contains
8 inconsistent, ambiguous, or misleading clauses, or (iii)
9 contains exceptions and conditions that will unreasonably or
10 deceptively affect the risks that are purported to be assumed
11 by the policy, he shall order the company or companies issuing
12 these forms to discontinue their use. Nothing in this
13 subsection shall require a company transacting the kind or
14 kinds of business enumerated in Classes 2 (except Class 2 (a))
15 and 3 of Section 4 to obtain approval of these forms before
16 they are issued nor in any way affect the legality of any
17 policy that has been issued and found to be in conflict with
18 this subsection, but such policies shall be subject to the
19 provisions of Section 442.

20 (3) This Section shall not apply (i) to surety contracts
21 or fidelity bonds, (ii) to policies issued to an industrial
22 insured as defined in Section 121-2.08 except for workers'
23 compensation policies, nor (iii) to riders or endorsements
24 prepared to meet special, unusual, peculiar, or extraordinary
25 conditions applying to an individual risk.

26 (Source: P.A. 97-486, eff. 1-1-12; 98-226, eff. 1-1-14.)

1 (215 ILCS 5/143a) (from Ch. 73, par. 755a)

2 Sec. 143a. Uninsured and hit and run motor vehicle
3 coverage.

4 (1) No policy insuring against loss resulting from
5 liability imposed by law for bodily injury or death suffered
6 by any person arising out of the ownership, maintenance or use
7 of a motor vehicle that is designed for use on public highways
8 and that is either required to be registered in this State or
9 is principally garaged in this State shall be renewed,
10 delivered, or issued for delivery in this State unless
11 coverage is provided therein or supplemental thereto, in
12 limits for bodily injury or death set forth in Section 7-203 of
13 the Illinois Vehicle Code for the protection of persons
14 insured thereunder who are legally entitled to recover damages
15 from owners or operators of uninsured motor vehicles and
16 hit-and-run motor vehicles because of bodily injury, sickness
17 or disease, including death, resulting therefrom. Uninsured
18 motor vehicle coverage does not apply to bodily injury,
19 sickness, disease, or death resulting therefrom, of an insured
20 while occupying a motor vehicle owned by, or furnished or
21 available for the regular use of the insured, a resident
22 spouse or resident relative, if that motor vehicle is not
23 described in the policy under which a claim is made or is not a
24 newly acquired or replacement motor vehicle covered under the
25 terms of the policy. The limits for any coverage for any

1 vehicle under the policy may not be aggregated with the limits
2 for any similar coverage, whether provided by the same insurer
3 or another insurer, applying to other motor vehicles, for
4 purposes of determining the total limit of insurance coverage
5 available for bodily injury or death suffered by a person in
6 any one accident. No policy shall be renewed, delivered, or
7 issued for delivery in this State unless it is provided
8 therein that any dispute with respect to the coverage and the
9 amount of damages shall be submitted for arbitration to the
10 American Arbitration Association and be subject to its rules
11 for the conduct of arbitration hearings as to all matters
12 except medical opinions. As to medical opinions, if the amount
13 of damages being sought is equal to or less than the amount
14 provided for in Section 7-203 of the Illinois Vehicle Code,
15 then the current American Arbitration Association Rules shall
16 apply. If the amount being sought in an American Arbitration
17 Association case exceeds that amount as set forth in Section
18 7-203 of the Illinois Vehicle Code, then the Rules of Evidence
19 that apply in the circuit court for placing medical opinions
20 into evidence shall govern. Alternatively, disputes with
21 respect to damages and the coverage shall be determined in the
22 following manner: Upon the insured requesting arbitration,
23 each party to the dispute shall select an arbitrator and the 2
24 arbitrators so named shall select a third arbitrator. If such
25 arbitrators are not selected within 45 days from such request,
26 either party may request that the arbitration be submitted to

1 the American Arbitration Association. Any decision made by the
2 arbitrators shall be binding for the amount of damages not
3 exceeding \$75,000 for bodily injury to or death of any one
4 person, \$150,000 for bodily injury to or death of 2 or more
5 persons in any one motor vehicle accident, or the
6 corresponding policy limits for bodily injury or death,
7 whichever is less. All 3-person arbitration cases proceeding
8 in accordance with any uninsured motorist coverage conducted
9 in this State in which the claimant is only seeking monetary
10 damages up to the limits set forth in Section 7-203 of the
11 Illinois Vehicle Code shall be subject to the following rules:

12 (A) If at least 60 days' written notice of the
13 intention to offer the following documents in evidence is
14 given to every other party, accompanied by a copy of the
15 document, a party may offer in evidence, without
16 foundation or other proof:

17 (1) bills, records, and reports of hospitals,
18 doctors, dentists, registered nurses, licensed
19 practical nurses, physical therapists, and other
20 healthcare providers;

21 (2) bills for drugs, medical appliances, and
22 prostheses;

23 (3) property repair bills or estimates, when
24 identified and itemized setting forth the charges for
25 labor and material used or proposed for use in the
26 repair of the property;

1 (4) a report of the rate of earnings and time lost
2 from work or lost compensation prepared by an
3 employer;

4 (5) the written opinion of an opinion witness, the
5 deposition of a witness, and the statement of a
6 witness that the witness would be allowed to express
7 if testifying in person, if the opinion or statement
8 is made by affidavit or by certification as provided
9 in Section 1-109 of the Code of Civil Procedure;

10 (6) any other document not specifically covered by
11 any of the foregoing provisions that is otherwise
12 admissible under the rules of evidence.

13 Any party receiving a notice under this paragraph (A)
14 may apply to the arbitrator or panel of arbitrators, as
15 the case may be, for the issuance of a subpoena directed to
16 the author or maker or custodian of the document that is
17 the subject of the notice, requiring the person subpoenaed
18 to produce copies of any additional documents as may be
19 related to the subject matter of the document that is the
20 subject of the notice. Any such subpoena shall be issued
21 in substantially similar form and served by notice as
22 provided by Illinois Supreme Court Rule 204(a)(4). Any
23 such subpoena shall be returnable not less than 5 days
24 before the arbitration hearing.

25 (B) Notwithstanding the provisions of Supreme Court
26 Rule 213(g), a party who proposes to use a written opinion

1 of an expert or opinion witness or the testimony of an
2 expert or opinion witness at the hearing may do so
3 provided a written notice of that intention is given to
4 every other party not less than 60 days prior to the date
5 of hearing, accompanied by a statement containing the
6 identity of the witness, his or her qualifications, the
7 subject matter, the basis of the witness's conclusions,
8 and his or her opinion.

9 (C) Any other party may subpoena the author or maker
10 of a document admissible under this subsection, at that
11 party's expense, and examine the author or maker as if
12 under cross-examination. The provisions of Section 2-1101
13 of the Code of Civil Procedure shall be applicable to
14 arbitration hearings, and it shall be the duty of a party
15 requesting the subpoena to modify the form to show that
16 the appearance is set before an arbitration panel and to
17 give the time and place set for the hearing.

18 (D) The provisions of Section 2-1102 of the Code of
19 Civil Procedure shall be applicable to arbitration
20 hearings under this subsection.

21 (2) No policy insuring against loss resulting from
22 liability imposed by law for property damage arising out of
23 the ownership, maintenance, or use of a motor vehicle shall be
24 renewed, delivered, or issued for delivery in this State with
25 respect to any private passenger or recreational motor vehicle
26 that is designed for use on public highways and that is either

1 required to be registered in this State or is principally
2 garaged in this State ~~and is not covered by collision~~
3 ~~insurance under the provisions of such policy~~, unless coverage
4 is made available in the amount of the actual cash value of the
5 motor vehicle described in the policy or the corresponding
6 policy limit for uninsured motor vehicle property damage
7 coverage, \$15,000 whichever is less, subject to a maximum \$250
8 deductible, for the protection of persons insured thereunder
9 who are legally entitled to recover damages from owners or
10 operators of uninsured motor vehicles and hit-and-run motor
11 vehicles because of property damage to the motor vehicle
12 described in the policy.

13 There shall be no liability imposed under the uninsured
14 motorist property damage coverage required by this subsection
15 if the owner or operator of the at-fault uninsured motor
16 vehicle or hit-and-run motor vehicle cannot be identified.
17 This subsection shall not apply to any policy which does not
18 provide primary motor vehicle liability insurance for
19 liabilities arising from the maintenance, operation, or use of
20 a specifically insured motor vehicle.

21 Each insurance company providing motor vehicle property
22 damage liability insurance shall advise applicants of the
23 availability of uninsured motor vehicle property damage
24 coverage, the premium therefor, and provide a brief
25 description of the coverage. That information need be given
26 only once and shall not be required in any subsequent renewal,

1 reinstatement or reissuance, substitute, amended, replacement
2 or supplementary policy. No written rejection shall be
3 required, and the absence of a premium payment for uninsured
4 motor vehicle property damage shall constitute conclusive
5 proof that the applicant or policyholder has elected not to
6 accept uninsured motorist property damage coverage.

7 An insurance company issuing uninsured motor vehicle
8 property damage coverage may provide that:

9 (i) Property damage losses recoverable thereunder
10 shall be limited to damages caused by the actual physical
11 contact of an uninsured motor vehicle with the insured
12 motor vehicle.

13 (ii) There shall be no coverage for loss of use of the
14 insured motor vehicle and no coverage for loss or damage
15 to personal property located in the insured motor vehicle.

16 (iii) Any claim submitted shall include the name and
17 address of the owner of the at-fault uninsured motor
18 vehicle, or a registration number and description of the
19 vehicle, or any other available information to establish
20 that there is no applicable motor vehicle property damage
21 liability insurance.

22 Any dispute with respect to the coverage and the amount of
23 damages shall be submitted for arbitration to the American
24 Arbitration Association and be subject to its rules for the
25 conduct of arbitration hearings or for determination in the
26 following manner: Upon the insured requesting arbitration,

1 each party to the dispute shall select an arbitrator and the 2
2 arbitrators so named shall select a third arbitrator. If such
3 arbitrators are not selected within 45 days from such request,
4 either party may request that the arbitration be submitted to
5 the American Arbitration Association. Any arbitration
6 proceeding under this subsection seeking recovery for property
7 damages shall be subject to the following rules:

8 (A) If at least 60 days' written notice of the
9 intention to offer the following documents in evidence is
10 given to every other party, accompanied by a copy of the
11 document, a party may offer in evidence, without
12 foundation or other proof:

13 (1) property repair bills or estimates, when
14 identified and itemized setting forth the charges for
15 labor and material used or proposed for use in the
16 repair of the property;

17 (2) the written opinion of an opinion witness, the
18 deposition of a witness, and the statement of a
19 witness that the witness would be allowed to express
20 if testifying in person, if the opinion or statement
21 is made by affidavit or by certification as provided
22 in Section 1-109 of the Code of Civil Procedure;

23 (3) any other document not specifically covered by
24 any of the foregoing provisions that is otherwise
25 admissible under the rules of evidence.

26 Any party receiving a notice under this paragraph (A)

1 may apply to the arbitrator or panel of arbitrators, as
2 the case may be, for the issuance of a subpoena directed to
3 the author or maker or custodian of the document that is
4 the subject of the notice, requiring the person subpoenaed
5 to produce copies of any additional documents as may be
6 related to the subject matter of the document that is the
7 subject of the notice. Any such subpoena shall be issued
8 in substantially similar form and served by notice as
9 provided by Illinois Supreme Court Rule 204(a)(4). Any
10 such subpoena shall be returnable not less than 5 days
11 before the arbitration hearing.

12 (B) Notwithstanding the provisions of Supreme Court
13 Rule 213(g), a party who proposes to use a written opinion
14 of an expert or opinion witness or the testimony of an
15 expert or opinion witness at the hearing may do so
16 provided a written notice of that intention is given to
17 every other party not less than 60 days prior to the date
18 of hearing, accompanied by a statement containing the
19 identity of the witness, his or her qualifications, the
20 subject matter, the basis of the witness's conclusions,
21 and his or her opinion.

22 (C) Any other party may subpoena the author or maker
23 of a document admissible under this subsection, at that
24 party's expense, and examine the author or maker as if
25 under cross-examination. The provisions of Section 2-1101
26 of the Code of Civil Procedure shall be applicable to

1 arbitration hearings, and it shall be the duty of a party
2 requesting the subpoena to modify the form to show that
3 the appearance is set before an arbitration panel and to
4 give the time and place set for the hearing.

5 (D) The provisions of Section 2-1102 of the Code of
6 Civil Procedure shall be applicable to arbitration
7 hearings under this subsection.

8 (3) For the purpose of the coverage, the term "uninsured
9 motor vehicle" includes, subject to the terms and conditions
10 of the coverage, a motor vehicle where on, before or after the
11 accident date the liability insurer thereof is unable to make
12 payment with respect to the legal liability of its insured
13 within the limits specified in the policy because of the entry
14 by a court of competent jurisdiction of an order of
15 rehabilitation or liquidation by reason of insolvency on or
16 after the accident date. An insurer's extension of coverage,
17 as provided in this subsection, shall be applicable to all
18 accidents occurring after July 1, 1967 during a policy period
19 in which its insured's uninsured motor vehicle coverage is in
20 effect. Nothing in this Section may be construed to prevent
21 any insurer from extending coverage under terms and conditions
22 more favorable to its insureds than is required by this
23 Section.

24 (4) In the event of payment to any person under the
25 coverage required by this Section and subject to the terms and
26 conditions of the coverage, the insurer making the payment

1 shall, to the extent thereof, be entitled to the proceeds of
2 any settlement or judgment resulting from the exercise of any
3 rights of recovery of the person against any person or
4 organization legally responsible for the property damage,
5 bodily injury or death for which the payment is made,
6 including the proceeds recoverable from the assets of the
7 insolvent insurer. With respect to payments made by reason of
8 the coverage described in subsection (3), the insurer making
9 such payment shall not be entitled to any right of recovery
10 against the tortfeasor in excess of the proceeds recovered
11 from the assets of the insolvent insurer of the tortfeasor.

12 (5) This amendatory Act of 1967 (Laws of Illinois 1967,
13 page 875) shall not be construed to terminate or reduce any
14 insurance coverage or any right of any party under this Code in
15 effect before July 1, 1967. Public Act 86-1155 shall not be
16 construed to terminate or reduce any insurance coverage or any
17 right of any party under this Code in effect before its
18 effective date.

19 (6) Failure of the motorist from whom the claimant is
20 legally entitled to recover damages to file the appropriate
21 forms with the Safety Responsibility Section of the Department
22 of Transportation within 120 days of the accident date shall
23 create a rebuttable presumption that the motorist was
24 uninsured at the time of the injurious occurrence.

25 (7) An insurance carrier may upon good cause require the
26 insured to commence a legal action against the owner or

1 operator of an uninsured motor vehicle before good faith
2 negotiation with the carrier. If the action is commenced at
3 the request of the insurance carrier, the carrier shall pay to
4 the insured, before the action is commenced, all court costs,
5 jury fees and sheriff's fees arising from the action.

6 The changes made by Public Act 90-451 apply to all
7 policies of insurance amended, delivered, issued, or renewed
8 on and after January 1, 1998 (the effective date of Public Act
9 90-451).

10 (8) The changes made by Public Act 98-927 apply to all
11 policies of insurance amended, delivered, issued, or renewed
12 on and after January 1, 2015 (the effective date of Public Act
13 98-927).

14 (Source: P.A. 98-242, eff. 1-1-14; 98-927, eff. 1-1-15;
15 99-642, eff. 7-28-16.)

16 (215 ILCS 5/229.4a)

17 Sec. 229.4a. Standard Non-forfeiture Law for Individual
18 Deferred Annuities.

19 (1) Title. This Section shall be known as the Standard
20 Nonforfeiture Law for Individual Deferred Annuities.

21 (2) Applicability. This Section shall not apply to any
22 reinsurance, group annuity purchased under a retirement plan
23 or plan of deferred compensation established or maintained by
24 an employer (including a partnership or sole proprietorship)
25 or by an employee organization, or by both, other than a plan

1 providing individual retirement accounts or individual
2 retirement annuities under Section 408 of the Internal Revenue
3 Code, as now or hereafter amended, premium deposit fund,
4 variable annuity, investment annuity, immediate annuity, any
5 deferred annuity contract after annuity payments have
6 commenced, or reversionary annuity, nor to any contract which
7 shall be delivered outside this State through an agent or
8 other representative of the company issuing the contract.

9 (3) Nonforfeiture Requirements.

10 (A) In the case of contracts issued on or after the
11 operative date of this Section as defined in subsection
12 (13), no contract of annuity, except as stated in
13 subsection (2), shall be delivered or issued for delivery
14 in this State unless it contains in substance the
15 following provisions, or corresponding provisions which in
16 the opinion of the Director of Insurance are at least as
17 favorable to the contract holder, upon cessation of
18 payment of considerations under the contract:

19 (i) That upon cessation of payment of
20 considerations under a contract, or upon the written
21 request of the contract owner, the company shall grant
22 a paid-up annuity benefit on a plan stipulated in the
23 contract of such value as is specified in subsections
24 (5), (6), (7), (8) and (10);

25 (ii) If a contract provides for a lump sum
26 settlement at maturity, or at any other time, that

1 upon surrender of the contract at or prior to the
2 commencement of any annuity payments, the company
3 shall pay in lieu of a paid-up annuity benefit a cash
4 surrender benefit of such amount as is specified in
5 subsections (5), (6), (8) and (10). The company may
6 reserve the right to defer the payment of the cash
7 surrender benefit for a period not to exceed 6 months
8 after demand therefor with surrender of the contract
9 after making written request and receiving written
10 approval of the Director. The request shall address
11 the necessity and equitability to all policyholders of
12 the deferral;

13 (iii) A statement of the mortality table, if any,
14 and interest rates used calculating any minimum
15 paid-up annuity, cash surrender, or death benefits
16 that are guaranteed under the contract, together with
17 sufficient information to determine the amounts of the
18 benefits; and

19 (iv) A statement that any paid-up annuity, cash
20 surrender or death benefits that may be available
21 under the contract are not less than the minimum
22 benefits required by any statute of the state in which
23 the contract is delivered and an explanation of the
24 manner in which the benefits are altered by the
25 existence of any additional amounts credited by the
26 company to the contract, any indebtedness to the

1 company on the contract or any prior withdrawals from
2 or partial surrenders of the contract.

3 (B) Notwithstanding the requirements of this Section,
4 a deferred annuity contract may provide that if no
5 considerations have been received under a contract for a
6 period of 2 full years and the portion of the paid-up
7 annuity benefit at maturity on the plan stipulated in the
8 contract arising from prior considerations paid would be
9 less than \$20 monthly, the company may at its option
10 terminate the contract by payment in cash of the then
11 present value of the portion of the paid-up annuity
12 benefit, calculated on the basis on the mortality table,
13 if any, and interest rate specified in the contract for
14 determining the paid-up annuity benefit, and by this
15 payment shall be relieved of any further obligation under
16 the contract.

17 (4) Minimum values. The minimum values as specified in
18 subsections (5), (6), (7), (8) and (10) of any paid-up
19 annuity, cash surrender or death benefits available under an
20 annuity contract shall be based upon minimum nonforfeiture
21 amounts as defined in this subsection.

22 (A) (i) The minimum nonforfeiture amount at any time at
23 or prior to the commencement of any annuity payments shall
24 be equal to an accumulation up to such time at rates of
25 interest as indicated in subdivision (4)(B) of the net
26 considerations (as hereinafter defined) paid prior to such

1 time, decreased by the sum of paragraphs (a) through (d)
2 below:

3 (a) Any prior withdrawals from or partial
4 surrenders of the contract accumulated at rates of
5 interest as indicated in subdivision (4) (B);

6 (b) An annual contract charge of \$50, accumulated
7 at rates of interest as indicated in subdivision
8 (4) (B);

9 (c) Any premium tax paid by the company for the
10 contract, accumulated at rates of interest as
11 indicated in subdivision (4) (B); and

12 (d) The amount of any indebtedness to the company
13 on the contract, including interest due and accrued.

14 (ii) The net considerations for a given contract year
15 used to define the minimum nonforfeiture amount shall be
16 an amount equal to 87.5% of the gross considerations,
17 credited to the contract during that contract year.

18 (B) The interest rate used in determining minimum
19 nonforfeiture amounts shall be an annual rate of interest
20 determined as the lesser of 3% per annum and the
21 following, which shall be specified in the contract if the
22 interest rate will be reset:

23 (i) The five-year Constant Maturity Treasury Rate
24 reported by the Federal Reserve as of a date, or
25 average over a period, rounded to the nearest 1/20th
26 of one percent, specified in the contract no longer

1 than 15 months prior to the contract issue date or
2 redetermination date under subdivision (4) (B) (iv);

3 (ii) Reduced by 125 basis points;

4 (iii) Where the resulting interest rate is not
5 less than 0.15% ~~1%~~; and

6 (iv) The interest rate shall apply for an initial
7 period and may be redetermined for additional periods.
8 The redetermination date, basis and period, if any,
9 shall be stated in the contract. The basis is the date
10 or average over a specified period that produces the
11 value of the 5-year Constant Maturity Treasury Rate to
12 be used at each redetermination date.

13 (C) During the period or term that a contract provides
14 substantive participation in an equity indexed benefit, it
15 may increase the reduction described in subdivision
16 (4) (B) (ii) above by up to an additional 100 basis points
17 to reflect the value of the equity index benefit. The
18 present value at the contract issue date, and at each
19 redetermination date thereafter, of the additional
20 reduction shall not exceed market value of the benefit.
21 The Director may require a demonstration that the present
22 value of the additional reduction does not exceed the
23 market value of the benefit. Lacking such a demonstration
24 that is acceptable to the Director, the Director may
25 disallow or limit the additional reduction.

26 (D) The Director may adopt rules to implement the

1 provisions of subdivision (4)(C) and to provide for
2 further adjustments to the calculation of minimum
3 nonforfeiture amounts for contracts that provide
4 substantive participation in an equity index benefit and
5 for other contracts that the Director determines
6 adjustments are justified.

7 (5) Computation of Present Value. Any paid-up annuity
8 benefit available under a contract shall be such that its
9 present value on the date annuity payments are to commence is
10 at least equal to the minimum nonforfeiture amount on that
11 date. Present value shall be computed using the mortality
12 table, if any, and the interest rates specified in the
13 contract for determining the minimum paid-up annuity benefits
14 guaranteed in the contract.

15 (6) Calculation of Cash Surrender Value. For contracts
16 that provide cash surrender benefits, the cash surrender
17 benefits available prior to maturity shall not be less than
18 the present value as of the date of surrender of that portion
19 of the maturity value of the paid-up annuity benefit that
20 would be provided under the contract at maturity arising from
21 considerations paid prior to the time of cash surrender
22 reduced by the amount appropriate to reflect any prior
23 withdrawals from or partial surrenders of the contract, such
24 present value being calculated on the basis of an interest
25 rate not more than 1% higher than the interest rate specified
26 in the contract for accumulating the net considerations to

1 determine maturity value, decreased by the amount of any
2 indebtedness to the company on the contract, including
3 interest due and accrued, and increased by any existing
4 additional amounts credited by the company to the contract. In
5 no event shall any cash surrender benefit be less than the
6 minimum nonforfeiture amount at that time. The death benefit
7 under such contracts shall be at least equal to the cash
8 surrender benefit.

9 (7) Calculation of Paid-up Annuity Benefits. For contracts
10 that do not provide cash surrender benefits, the present value
11 of any paid-up annuity benefit available as a nonforfeiture
12 option at any time prior to maturity shall not be less than the
13 present value of that portion of the maturity value of the
14 paid-up annuity benefit provided under the contract arising
15 from considerations paid prior to the time the contract is
16 surrendered in exchange for, or changed to, a deferred paid-up
17 annuity, such present value being calculated for the period
18 prior to the maturity date on the basis of the interest rate
19 specified in the contract for accumulating the net
20 considerations to determine maturity value, and increased by
21 any additional amounts credited by the company to the
22 contract. For contracts that do not provide any death benefits
23 prior to the commencement of any annuity payments, present
24 values shall be calculated on the basis of such interest rate
25 and the mortality table specified in the contract for
26 determining the maturity value of the paid-up annuity benefit.

1 However, in no event shall the present value of a paid-up
2 annuity benefit be less than the minimum nonforfeiture amount
3 at that time.

4 (8) Maturity Date. For the purpose of determining the
5 benefits calculated under subsections (6) and (7), in the case
6 of annuity contracts under which an election may be made to
7 have annuity payments commence at optional maturity dates, the
8 maturity date shall be deemed to be the latest date for which
9 election shall be permitted by the contract, but shall not be
10 deemed to be later than the anniversary of the contract next
11 following the annuitant's seventieth birthday or the tenth
12 anniversary of the contract, whichever is later.

13 (9) Disclosure of Limited Death Benefits. A contract that
14 does not provide cash surrender benefits or does not provide
15 death benefits at least equal to the minimum nonforfeiture
16 amount prior to the commencement of any annuity payments shall
17 include a statement in a prominent place in the contract that
18 such benefits are not provided.

19 (10) Inclusion of Lapse of Time Considerations. Any
20 paid-up annuity, cash surrender or death benefits available at
21 any time, other than on the contract anniversary under any
22 contract with fixed scheduled considerations, shall be
23 calculated with allowance for the lapse of time and the
24 payment of any scheduled considerations beyond the beginning
25 of the contract year in which cessation of payment of
26 considerations under the contract occurs.

1 (11) Proration of Values; Additional Benefits. For a
2 contract which provides, within the same contract by rider or
3 supplemental contract provision, both annuity benefits and
4 life insurance benefits that are in excess of the greater of
5 cash surrender benefits or a return of the gross
6 considerations with interest, the minimum nonforfeiture
7 benefits shall be equal to the sum of the minimum
8 nonforfeiture benefits for the annuity portion and the minimum
9 nonforfeiture benefits, if any, for the life insurance portion
10 computed as if each portion were a separate contract.
11 Notwithstanding the provisions of subsections (5), (6), (7),
12 (8) and (10), additional benefits payable in the event of
13 total and permanent disability, as reversionary annuity or
14 deferred reversionary annuity benefits, or as other policy
15 benefits additional to life insurance, endowment and annuity
16 benefits, and considerations for all such additional benefits,
17 shall be disregarded in ascertaining the minimum nonforfeiture
18 amounts, paid-up annuity, cash surrender and death benefits
19 that may be required under this Section. The inclusion of such
20 benefits shall not be required in any paid-up benefits, unless
21 the additional benefits separately would require minimum
22 nonforfeiture amounts, paid-up annuity, cash surrender and
23 death benefits.

24 (12) Rules. The Director may adopt rules to implement the
25 provisions of this Section.

26 (13) Effective Date. After the effective date of this

1 amendatory Act of the 93rd General Assembly, a company may
2 elect to apply its provisions to annuity contracts on a
3 contract form-by-contract form basis before July 1, 2006. In
4 all other instances, this Section shall become operative with
5 respect to annuity contracts issued by the company on or after
6 July 1, 2006.

7 (14) (Blank).

8 (Source: P.A. 93-873, eff. 8-6-04; 94-1076, eff. 12-29-06.)

9 (215 ILCS 5/353a) (from Ch. 73, par. 965a)

10 Sec. 353a. Accident and health reserves.

11 The reserves for all accident and health policies issued
12 after the operative date of this section shall be computed and
13 maintained on a basis which shall place an actuarially sound
14 value on the liabilities under such policies. To provide a
15 basis for the determination of such actuarially sound value,
16 the Director from time to time shall adopt rules requiring the
17 use of appropriate tables of morbidity, mortality, interest
18 rates and valuation methods for such reserves for policies
19 issued before January 1, 2017. For policies issued on or after
20 January 1, 2017, Section 223 shall govern the basis for
21 determining such actuarially sound value. In no event shall
22 such reserves be less than the pro rata gross unearned premium
23 reserve for such policies.

24 The company shall give the notice required in section 234
25 on all non-cancellable accident and health policies.

1 After this section becomes effective, any company may file
2 with the Director written notice of its election to comply
3 with the provisions of this section after a specified date
4 before January 1, 1967. After the filing of such notice, then
5 upon such specified date (which shall be the operative date of
6 this section for such company), this section shall become
7 operative with respect to the accident and health policies
8 thereafter issued by such company. If a company makes no such
9 election, the operative date of this section for such company
10 shall be January 1, 1967.

11 After this section becomes effective, any company may file
12 with the Director written notice of its election to establish
13 and maintain reserves upon its accident and health policies
14 issued prior to the operative date of this section in
15 accordance with the standards for reserves established by this
16 section, and thereafter the reserve standards prescribed
17 pursuant to this section shall be effective with respect to
18 said accident and health policies issued prior to the
19 operative date of this section.

20 (Source: Laws 1965, p. 740.)

21 (215 ILCS 5/355a) (from Ch. 73, par. 967a)

22 Sec. 355a. Standardization of terms and coverage.

23 (1) The purposes of this Section shall be (a) to provide
24 reasonable standardization and simplification of terms and
25 coverages of individual accident and health insurance policies

1 to facilitate public understanding and comparisons; (b) to
2 eliminate provisions contained in individual accident and
3 health insurance policies which may be misleading or
4 unreasonably confusing in connection either with the purchase
5 of such coverages or with the settlement of claims; and (c) to
6 provide for reasonable disclosure in the sale of accident and
7 health coverages.

8 (2) Definitions applicable to this Section are as follows:

9 (a) "Policy" means all or any part of the forms
10 constituting the contract between the insurer and the
11 insured, including the policy, certificate, subscriber
12 contract, riders, endorsements, and the application if
13 attached, which are subject to filing with and approval by
14 the Director.

15 (b) "Service corporations" means voluntary health and
16 dental corporations organized and operating respectively
17 under the Voluntary Health Services Plans Act and the
18 Dental Service Plan Act.

19 (c) "Accident and health insurance" means insurance
20 written under Article XX of this Code, other than credit
21 accident and health insurance, and coverages provided in
22 subscriber contracts issued by service corporations. For
23 purposes of this Section such service corporations shall
24 be deemed to be insurers engaged in the business of
25 insurance.

26 (3) The Director shall issue such rules as he shall deem

1 necessary or desirable to establish specific standards,
2 including standards of full and fair disclosure that set forth
3 the form and content and required disclosure for sale, of
4 individual policies of accident and health insurance, which
5 rules and regulations shall be in addition to and in
6 accordance with the applicable laws of this State, and which
7 may cover but shall not be limited to: (a) terms of
8 renewability; (b) initial and subsequent conditions of
9 eligibility; (c) non-duplication of coverage provisions; (d)
10 coverage of dependents; (e) pre-existing conditions; (f)
11 termination of insurance; (g) probationary periods; (h)
12 limitation, exceptions, and reductions; (i) elimination
13 periods; (j) requirements regarding replacements; (k)
14 recurrent conditions; and (l) the definition of terms,
15 including, but not limited to, the following: hospital,
16 accident, sickness, injury, physician, accidental means, total
17 disability, partial disability, nervous disorder, guaranteed
18 renewable, and non-cancellable.

19 The Director may issue rules that specify prohibited
20 policy provisions not otherwise specifically authorized by
21 statute which in the opinion of the Director are unjust,
22 unfair or unfairly discriminatory to the policyholder, any
23 person insured under the policy, or beneficiary.

24 (4) The Director shall issue such rules as he shall deem
25 necessary or desirable to establish minimum standards for
26 benefits under each category of coverage in individual

1 accident and health policies, other than conversion policies
2 issued pursuant to a contractual conversion privilege under a
3 group policy, including but not limited to the following
4 categories: (a) basic hospital expense coverage; (b) basic
5 medical-surgical expense coverage; (c) hospital confinement
6 indemnity coverage; (d) major medical expense coverage; (e)
7 disability income protection coverage; (f) accident only
8 coverage; and (g) specified disease or specified accident
9 coverage.

10 Nothing in this subsection (4) shall preclude the issuance
11 of any policy which combines two or more of the categories of
12 coverage enumerated in subparagraphs (a) through (f) of this
13 subsection.

14 No policy shall be delivered or issued for delivery in
15 this State which does not meet the prescribed minimum
16 standards for the categories of coverage listed in this
17 subsection unless the Director finds that such policy is
18 necessary to meet specific needs of individuals or groups and
19 such individuals or groups will be adequately informed that
20 such policy does not meet the prescribed minimum standards,
21 and such policy meets the requirement that the benefits
22 provided therein are reasonable in relation to the premium
23 charged. The standards and criteria to be used by the Director
24 in approving such policies shall be included in the rules
25 required under this Section with as much specificity as
26 practicable.

1 The Director shall prescribe by rule the method of
2 identification of policies based upon coverages provided.

3 (5) (a) In order to provide for full and fair disclosure in
4 the sale of individual accident and health insurance policies,
5 no such policy shall be delivered or issued for delivery in
6 this State unless the outline of coverage described in
7 paragraph (b) of this subsection either accompanies the
8 policy, or is delivered to the applicant at the time the
9 application is made, and an acknowledgment signed by the
10 insured, of receipt of delivery of such outline, is provided
11 to the insurer. In the event the policy is issued on a basis
12 other than that applied for, the outline of coverage properly
13 describing the policy must accompany the policy when it is
14 delivered and such outline shall clearly state that the policy
15 differs, and to what extent, from that for which application
16 was originally made. All policies, except single premium
17 nonrenewal policies, shall have a notice prominently printed
18 on the first page of the policy or attached thereto stating in
19 substance, that the policyholder shall have the right to
20 return the policy within 10 days of its delivery and to have
21 the premium refunded if after examination of the policy the
22 policyholder is not satisfied for any reason.

23 (b) The Director shall issue such rules as he shall deem
24 necessary or desirable to prescribe the format and content of
25 the outline of coverage required by paragraph (a) of this
26 subsection. "Format" means style, arrangement, and overall

1 appearance, including such items as the size, color, and
2 prominence of type and the arrangement of text and captions.
3 "Content" shall include without limitation thereto, statements
4 relating to the particular policy as to the applicable
5 category of coverage prescribed under subsection (4);
6 principal benefits; exceptions, reductions and limitations;
7 and renewal provisions, including any reservation by the
8 insurer of a right to change premiums. Such outline of
9 coverage shall clearly state that it constitutes a summary of
10 the policy issued or applied for and that the policy should be
11 consulted to determine governing contractual provisions.

12 (c) (Blank). ~~Without limiting the generality of paragraph~~
13 ~~(b) of this subsection (5), no qualified health plans shall be~~
14 ~~offered for sale directly to consumers through the health~~
15 ~~insurance marketplace operating in the State in accordance~~
16 ~~with Sections 1311 and 1321 of the federal Patient Protection~~
17 ~~and Affordable Care Act of 2010 (Public Law 111 148), as~~
18 ~~amended by the federal Health Care and Education~~
19 ~~Reconciliation Act of 2010 (Public Law 111 152), and any~~
20 ~~amendments thereto, or regulations or guidance issued~~
21 ~~thereunder (collectively, "the Federal Act"), unless the~~
22 ~~following information is made available to the consumer at the~~
23 ~~time he or she is comparing policies and their premiums:~~

24 ~~(i) With respect to prescription drug benefits, the~~
25 ~~most recently published formulary where a consumer can~~
26 ~~view in one location covered prescription drugs;~~

~~information on tiering and the cost sharing structure for each tier; and information about how a consumer can obtain specific copayment amounts or coinsurance percentages for a specific qualified health plan before enrolling in that plan. This information shall clearly identify the qualified health plan to which it applies.~~

~~(ii) The most recently published provider directory where a consumer can view the provider network that applies to each qualified health plan and information about each provider, including location, contact information, specialty, medical group, if any, any institutional affiliation, and whether the provider is accepting new patients at each of the specific locations listing the provider. Dental providers shall notify qualified health plans electronically or in writing of any changes to their information as listed in the provider directory. Qualified health plans shall update their directories in a manner consistent with the information provided by the provider or dental management service organization within 10 business days after being notified of the change by the provider. Nothing in this paragraph (ii) shall void any contractual relationship between the provider and the plan. The information shall clearly identify the qualified health plan to which it applies.~~

~~(d) (Blank). Each company that offers qualified health plans for sale directly to consumers through the health~~

1 ~~insurance marketplace operating in the State shall make the~~
2 ~~information in paragraph (c) of this subsection (5), for each~~
3 ~~qualified health plan that it offers, available and accessible~~
4 ~~to the general public on the company's Internet website and~~
5 ~~through other means for individuals without access to the~~
6 ~~Internet.~~

7 (e) (Blank). ~~The Department shall ensure that~~
8 ~~State operated Internet websites, in addition to the Internet~~
9 ~~website for the health insurance marketplace established in~~
10 ~~this State in accordance with the Federal Act, prominently~~
11 ~~provide links to Internet based materials and tools to help~~
12 ~~consumers be informed purchasers of health insurance.~~

13 (f) (Blank). ~~Nothing in this Section shall be interpreted~~
14 ~~or implemented in a manner not consistent with the Federal~~
15 ~~Act. This Section shall apply to all qualified health plans~~
16 ~~offered for sale directly to consumers through the health~~
17 ~~insurance marketplace operating in this State for any coverage~~
18 ~~year beginning on or after January 1, 2015.~~

19 (6) Prior to the issuance of rules pursuant to this
20 Section, the Director shall afford the public, including the
21 companies affected thereby, reasonable opportunity for
22 comment. Such rulemaking is subject to the provisions of the
23 Illinois Administrative Procedure Act.

24 (7) When a rule has been adopted, pursuant to this
25 Section, all policies of insurance or subscriber contracts
26 which are not in compliance with such rule shall, when so

1 provided in such rule, be deemed to be disapproved as of a date
2 specified in such rule not less than 120 days following its
3 effective date, without any further or additional notice other
4 than the adoption of the rule.

5 (8) When a rule adopted pursuant to this Section so
6 provides, a policy of insurance or subscriber contract which
7 does not comply with the rule shall, not less than 120 days
8 from the effective date of such rule, be construed, and the
9 insurer or service corporation shall be liable, as if the
10 policy or contract did comply with the rule.

11 (9) Violation of any rule adopted pursuant to this Section
12 shall be a violation of the insurance law for purposes of
13 Sections 370 and 446 of this Code.

14 (Source: P.A. 99-329, eff. 1-1-16; 100-201, eff. 8-18-17.)

15 (215 ILCS 5/355c new)

16 Sec. 355c. Availability of information on qualified health
17 plans.

18 (a) Without limiting the generality of paragraph (b) of
19 subsection (5) of Section 355a, no qualified health plans
20 shall be offered for sale directly to consumers through the
21 health insurance marketplace operating in this State in
22 accordance with Sections 1311 and 1321 of the federal Patient
23 Protection and Affordable Care Act of 2010 (Public Law
24 111-148), as amended by the federal Health Care and Education
25 Reconciliation Act of 2010 (Public Law 111-152), and any

1 amendments thereto, or regulations or guidance issued
2 thereunder (collectively, "the Federal Act"), unless the
3 following information is made available to the consumer at the
4 time he or she is comparing policies and their premiums:

5 (1) With respect to prescription drug benefits, the
6 most recently published formulary where a consumer can
7 view in one location covered prescription drugs;
8 information on tiering and the cost-sharing structure for
9 each tier; and information about how a consumer can obtain
10 specific copayment amounts or coinsurance percentages for
11 a specific qualified health plan before enrolling in that
12 plan. This information shall clearly identify the
13 qualified health plan to which it applies.

14 (2) The most recently published provider directory
15 where a consumer can view the provider network that
16 applies to each qualified health plan and information
17 about each provider, including location, contact
18 information, specialty, medical group, if any, any
19 institutional affiliation, and whether the provider is
20 accepting new patients at each of the specific locations
21 listing the provider. Dental providers shall notify
22 qualified health plans electronically or in writing of any
23 changes to their information as listed in the provider
24 directory. Qualified health plans shall update their
25 directories in a manner consistent with the information
26 provided by the provider or dental management service

1 organization within 10 business days after being notified
2 of the change by the provider. Nothing in this paragraph
3 (2) shall void any contractual relationship between the
4 provider and the plan. The information shall clearly
5 identify the qualified health plan to which it applies.

6 (b) Each company that offers qualified health plans for
7 sale directly to consumers through the health insurance
8 marketplace operating in this State shall make the information
9 in subsection (a), for each qualified health plan that it
10 offers, available and accessible to the general public on the
11 company's website and through other means for individuals
12 without access to the Internet.

13 (c) The Department shall ensure that State-operated
14 websites, in addition to the website for the health insurance
15 marketplace established in this State in accordance with the
16 Federal Act, prominently provide links to Internet-based
17 materials and tools to help consumers be informed purchasers
18 of health insurance.

19 (d) Nothing in this Section shall be interpreted or
20 implemented in a manner not consistent with the Federal Act.
21 This Section shall apply to all qualified health plans offered
22 for sale directly to consumers through the health insurance
23 marketplace operating in this State for any coverage year
24 beginning on or after January 1, 2015.

1 Sec. 408. Fees and charges.

2 (1) The Director shall charge, collect and give proper
3 acquittances for the payment of the following fees and
4 charges:

5 (a) For filing all documents submitted for the
6 incorporation or organization or certification of a
7 domestic company, except for a fraternal benefit society,
8 \$2,000.

9 (b) For filing all documents submitted for the
10 incorporation or organization of a fraternal benefit
11 society, \$500.

12 (c) For filing amendments to articles of incorporation
13 and amendments to declaration of organization, except for
14 a fraternal benefit society, a mutual benefit association,
15 a burial society or a farm mutual, \$200.

16 (d) For filing amendments to articles of incorporation
17 of a fraternal benefit society, a mutual benefit
18 association or a burial society, \$100.

19 (e) For filing amendments to articles of incorporation
20 of a farm mutual, \$50.

21 (f) For filing bylaws or amendments thereto, \$50.

22 (g) For filing agreement of merger or consolidation:

23 (i) for a domestic company, except for a fraternal
24 benefit society, a mutual benefit association, a
25 burial society, or a farm mutual, \$2,000.

26 (ii) for a foreign or alien company, except for a

1 fraternal benefit society, \$600.

2 (iii) for a fraternal benefit society, a mutual
3 benefit association, a burial society, or a farm
4 mutual, \$200.

5 (h) For filing agreements of reinsurance by a domestic
6 company, \$200.

7 (i) For filing all documents submitted by a foreign or
8 alien company to be admitted to transact business or
9 accredited as a reinsurer in this State, except for a
10 fraternal benefit society, \$5,000.

11 (j) For filing all documents submitted by a foreign or
12 alien fraternal benefit society to be admitted to transact
13 business in this State, \$500.

14 (k) For filing declaration of withdrawal of a foreign
15 or alien company, \$50.

16 (l) For filing annual statement by a domestic company,
17 except a fraternal benefit society, a mutual benefit
18 association, a burial society, or a farm mutual, \$200.

19 (m) For filing annual statement by a domestic
20 fraternal benefit society, \$100.

21 (n) For filing annual statement by a farm mutual, a
22 mutual benefit association, or a burial society, \$50.

23 (o) For issuing a certificate of authority or renewal
24 thereof except to a foreign fraternal benefit society,
25 \$400.

26 (p) For issuing a certificate of authority or renewal

1 thereof to a foreign fraternal benefit society, \$200.

2 (q) For issuing an amended certificate of authority,
3 \$50.

4 (r) For each certified copy of certificate of
5 authority, \$20.

6 (s) For each certificate of deposit, or valuation, or
7 compliance or surety certificate, \$20.

8 (t) For copies of papers or records per page, \$1.

9 (u) For each certification to copies of papers or
10 records, \$10.

11 (v) For multiple copies of documents or certificates
12 listed in subparagraphs (r), (s), and (u) of paragraph (1)
13 of this Section, \$10 for the first copy of a certificate of
14 any type and \$5 for each additional copy of the same
15 certificate requested at the same time, unless, pursuant
16 to paragraph (2) of this Section, the Director finds these
17 additional fees excessive.

18 (w) For issuing a permit to sell shares or increase
19 paid-up capital:

20 (i) in connection with a public stock offering,
21 \$300;

22 (ii) in any other case, \$100.

23 (x) For issuing any other certificate required or
24 permissible under the law, \$50.

25 (y) For filing a plan of exchange of the stock of a
26 domestic stock insurance company, a plan of

1 demutualization of a domestic mutual company, or a plan of
2 reorganization under Article XII, \$2,000.

3 (z) For filing a statement of acquisition of a
4 domestic company as defined in Section 131.4 of this Code,
5 \$2,000.

6 (aa) For filing an agreement to purchase the business
7 of an organization authorized under the Dental Service
8 Plan Act or the Voluntary Health Services Plans Act or of a
9 health maintenance organization or a limited health
10 service organization, \$2,000.

11 (bb) For filing a statement of acquisition of a
12 foreign or alien insurance company as defined in Section
13 131.12a of this Code, \$1,000.

14 (cc) For filing a registration statement as required
15 in Sections 131.13 and 131.14, the notification as
16 required by Sections 131.16, 131.20a, or 141.4, or an
17 agreement or transaction required by Sections 124.2(2),
18 141, 141a, or 141.1, \$200.

19 (dd) For filing an application for licensing of:

20 (i) a religious or charitable risk pooling trust
21 or a workers' compensation pool, \$1,000;

22 (ii) a workers' compensation service company,
23 \$500;

24 (iii) a self-insured automobile fleet, \$200; or

25 (iv) a renewal of or amendment of any license
26 issued pursuant to (i), (ii), or (iii) above, \$100.

1 (ee) For filing articles of incorporation for a
2 syndicate to engage in the business of insurance through
3 the Illinois Insurance Exchange, \$2,000.

4 (ff) For filing amended articles of incorporation for
5 a syndicate engaged in the business of insurance through
6 the Illinois Insurance Exchange, \$100.

7 (gg) For filing articles of incorporation for a
8 limited syndicate to join with other subscribers or
9 limited syndicates to do business through the Illinois
10 Insurance Exchange, \$1,000.

11 (hh) For filing amended articles of incorporation for
12 a limited syndicate to do business through the Illinois
13 Insurance Exchange, \$100.

14 (ii) For a permit to solicit subscriptions to a
15 syndicate or limited syndicate, \$100.

16 (jj) For the filing of each form as required in
17 Section 143 of this Code, \$50 per form. Informational and
18 advertising filings shall be \$25 per filing. The fee for
19 advisory and rating organizations shall be \$200 per form.

20 (i) For the purposes of the form filing fee,
21 filings made on insert page basis will be considered
22 one form at the time of its original submission.
23 Changes made to a form subsequent to its approval
24 shall be considered a new filing.

25 (ii) Only one fee shall be charged for a form,
26 regardless of the number of other forms or policies

1 with which it will be used.

2 (iii) Fees charged for a policy filed as it will be
3 issued regardless of the number of forms comprising
4 that policy shall not exceed \$1,500. For advisory or
5 rating organizations, fees charged for a policy filed
6 as it will be issued regardless of the number of forms
7 comprising that policy shall not exceed \$2,500.

8 (iv) The Director may by rule exempt forms from
9 such fees.

10 (kk) For filing an application for licensing of a
11 reinsurance intermediary, \$500.

12 (ll) For filing an application for renewal of a
13 license of a reinsurance intermediary, \$200.

14 (mm) For filing a plan of division of a domestic stock
15 company under Article IIB, \$10,000.

16 (nn) For filing all documents submitted by a foreign
17 or alien company to be a certified reinsurer in this
18 State, except for a fraternal benefit society, \$1,000.

19 (oo) For filing a renewal by a foreign or alien
20 company to be a certified reinsurer in this State, except
21 for a fraternal benefit society, \$400.

22 (pp) For filing all documents submitted by a reinsurer
23 domiciled in a reciprocal jurisdiction, \$1,000.

24 (qq) For filing a renewal by a reinsurer domiciled in
25 a reciprocal jurisdiction, \$400.

26 (rr) For registering a captive management company or

1 renewal thereof, \$50.

2 (2) When printed copies or numerous copies of the same
3 paper or records are furnished or certified, the Director may
4 reduce such fees for copies if he finds them excessive. He may,
5 when he considers it in the public interest, furnish without
6 charge to state insurance departments and persons other than
7 companies, copies or certified copies of reports of
8 examinations and of other papers and records.

9 (3) The expenses incurred in any performance examination
10 authorized by law shall be paid by the company or person being
11 examined. The charge shall be reasonably related to the cost
12 of the examination including but not limited to compensation
13 of examiners, electronic data processing costs, supervision
14 and preparation of an examination report and lodging and
15 travel expenses. All lodging and travel expenses shall be in
16 accord with the applicable travel regulations as published by
17 the Department of Central Management Services and approved by
18 the Governor's Travel Control Board, except that out-of-state
19 lodging and travel expenses related to examinations authorized
20 under Section 132 shall be in accordance with travel rates
21 prescribed under paragraph 301-7.2 of the Federal Travel
22 Regulations, 41 C.F.R. 301-7.2, for reimbursement of
23 subsistence expenses incurred during official travel. All
24 lodging and travel expenses may be reimbursed directly upon
25 authorization of the Director. With the exception of the
26 direct reimbursements authorized by the Director, all

1 performance examination charges collected by the Department
2 shall be paid to the Insurance Producer Administration Fund,
3 however, the electronic data processing costs incurred by the
4 Department in the performance of any examination shall be
5 billed directly to the company being examined for payment to
6 the Technology Management Revolving Fund.

7 (4) At the time of any service of process on the Director
8 as attorney for such service, the Director shall charge and
9 collect the sum of \$40 ~~\$20~~, which may be recovered as taxable
10 costs by the party to the suit or action causing such service
11 to be made if he prevails in such suit or action.

12 (5) (a) The costs incurred by the Department of Insurance
13 in conducting any hearing authorized by law shall be assessed
14 against the parties to the hearing in such proportion as the
15 Director of Insurance may determine upon consideration of all
16 relevant circumstances including: (1) the nature of the
17 hearing; (2) whether the hearing was instigated by, or for the
18 benefit of a particular party or parties; (3) whether there is
19 a successful party on the merits of the proceeding; and (4) the
20 relative levels of participation by the parties.

21 (b) For purposes of this subsection (5) costs incurred
22 shall mean the hearing officer fees, court reporter fees, and
23 travel expenses of Department of Insurance officers and
24 employees; provided however, that costs incurred shall not
25 include hearing officer fees or court reporter fees unless the
26 Department has retained the services of independent

1 contractors or outside experts to perform such functions.

2 (c) The Director shall make the assessment of costs
3 incurred as part of the final order or decision arising out of
4 the proceeding; provided, however, that such order or decision
5 shall include findings and conclusions in support of the
6 assessment of costs. This subsection (5) shall not be
7 construed as permitting the payment of travel expenses unless
8 calculated in accordance with the applicable travel
9 regulations of the Department of Central Management Services,
10 as approved by the Governor's Travel Control Board. The
11 Director as part of such order or decision shall require all
12 assessments for hearing officer fees and court reporter fees,
13 if any, to be paid directly to the hearing officer or court
14 reporter by the party(s) assessed for such costs. The
15 assessments for travel expenses of Department officers and
16 employees shall be reimbursable to the Director of Insurance
17 for deposit to the fund out of which those expenses had been
18 paid.

19 (d) The provisions of this subsection (5) shall apply in
20 the case of any hearing conducted by the Director of Insurance
21 not otherwise specifically provided for by law.

22 (6) The Director shall charge and collect an annual
23 financial regulation fee from every domestic company for
24 examination and analysis of its financial condition and to
25 fund the internal costs and expenses of the Interstate
26 Insurance Receivership Commission as may be allocated to the

1 State of Illinois and companies doing an insurance business in
2 this State pursuant to Article X of the Interstate Insurance
3 Receivership Compact. The fee shall be the greater fixed
4 amount based upon the combination of nationwide direct premium
5 income and nationwide reinsurance assumed premium income or
6 upon admitted assets calculated under this subsection as
7 follows:

8 (a) Combination of nationwide direct premium income
9 and nationwide reinsurance assumed premium.

10 (i) \$150, if the premium is less than \$500,000 and
11 there is no reinsurance assumed premium;

12 (ii) \$750, if the premium is \$500,000 or more, but
13 less than \$5,000,000 and there is no reinsurance
14 assumed premium; or if the premium is less than
15 \$5,000,000 and the reinsurance assumed premium is less
16 than \$10,000,000;

17 (iii) \$3,750, if the premium is less than
18 \$5,000,000 and the reinsurance assumed premium is
19 \$10,000,000 or more;

20 (iv) \$7,500, if the premium is \$5,000,000 or more,
21 but less than \$10,000,000;

22 (v) \$18,000, if the premium is \$10,000,000 or
23 more, but less than \$25,000,000;

24 (vi) \$22,500, if the premium is \$25,000,000 or
25 more, but less than \$50,000,000;

26 (vii) \$30,000, if the premium is \$50,000,000 or

1 more, but less than \$100,000,000;

2 (viii) \$37,500, if the premium is \$100,000,000 or
3 more.

4 (b) Admitted assets.

5 (i) \$150, if admitted assets are less than
6 \$1,000,000;

7 (ii) \$750, if admitted assets are \$1,000,000 or
8 more, but less than \$5,000,000;

9 (iii) \$3,750, if admitted assets are \$5,000,000 or
10 more, but less than \$25,000,000;

11 (iv) \$7,500, if admitted assets are \$25,000,000 or
12 more, but less than \$50,000,000;

13 (v) \$18,000, if admitted assets are \$50,000,000 or
14 more, but less than \$100,000,000;

15 (vi) \$22,500, if admitted assets are \$100,000,000
16 or more, but less than \$500,000,000;

17 (vii) \$30,000, if admitted assets are \$500,000,000
18 or more, but less than \$1,000,000,000;

19 (viii) \$37,500, if admitted assets are
20 \$1,000,000,000 or more.

21 (c) The sum of financial regulation fees charged to
22 the domestic companies of the same affiliated group shall
23 not exceed \$250,000 in the aggregate in any single year
24 and shall be billed by the Director to the member company
25 designated by the group.

26 (7) The Director shall charge and collect an annual

1 financial regulation fee from every foreign or alien company,
2 except fraternal benefit societies, for the examination and
3 analysis of its financial condition and to fund the internal
4 costs and expenses of the Interstate Insurance Receivership
5 Commission as may be allocated to the State of Illinois and
6 companies doing an insurance business in this State pursuant
7 to Article X of the Interstate Insurance Receivership Compact.
8 The fee shall be a fixed amount based upon Illinois direct
9 premium income and nationwide reinsurance assumed premium
10 income in accordance with the following schedule:

11 (a) \$150, if the premium is less than \$500,000 and
12 there is no reinsurance assumed premium;

13 (b) \$750, if the premium is \$500,000 or more, but less
14 than \$5,000,000 and there is no reinsurance assumed
15 premium; or if the premium is less than \$5,000,000 and the
16 reinsurance assumed premium is less than \$10,000,000;

17 (c) \$3,750, if the premium is less than \$5,000,000 and
18 the reinsurance assumed premium is \$10,000,000 or more;

19 (d) \$7,500, if the premium is \$5,000,000 or more, but
20 less than \$10,000,000;

21 (e) \$18,000, if the premium is \$10,000,000 or more,
22 but less than \$25,000,000;

23 (f) \$22,500, if the premium is \$25,000,000 or more,
24 but less than \$50,000,000;

25 (g) \$30,000, if the premium is \$50,000,000 or more,
26 but less than \$100,000,000;

1 (h) \$37,500, if the premium is \$100,000,000 or more.

2 The sum of financial regulation fees under this subsection
3 (7) charged to the foreign or alien companies within the same
4 affiliated group shall not exceed \$250,000 in the aggregate in
5 any single year and shall be billed by the Director to the
6 member company designated by the group.

7 (8) Beginning January 1, 1992, the financial regulation
8 fees imposed under subsections (6) and (7) of this Section
9 shall be paid by each company or domestic affiliated group
10 annually. After January 1, 1994, the fee shall be billed by
11 Department invoice based upon the company's premium income or
12 admitted assets as shown in its annual statement for the
13 preceding calendar year. The invoice is due upon receipt and
14 must be paid no later than June 30 of each calendar year. All
15 financial regulation fees collected by the Department shall be
16 paid to the Insurance Financial Regulation Fund. The
17 Department may not collect financial examiner per diem charges
18 from companies subject to subsections (6) and (7) of this
19 Section undergoing financial examination after June 30, 1992.

20 (9) In addition to the financial regulation fee required
21 by this Section, a company undergoing any financial
22 examination authorized by law shall pay the following costs
23 and expenses incurred by the Department: electronic data
24 processing costs, the expenses authorized under Section 131.21
25 and subsection (d) of Section 132.4 of this Code, and lodging
26 and travel expenses.

1 Electronic data processing costs incurred by the
2 Department in the performance of any examination shall be
3 billed directly to the company undergoing examination for
4 payment to the Technology Management Revolving Fund. Except
5 for direct reimbursements authorized by the Director or direct
6 payments made under Section 131.21 or subsection (d) of
7 Section 132.4 of this Code, all financial regulation fees and
8 all financial examination charges collected by the Department
9 shall be paid to the Insurance Financial Regulation Fund.

10 All lodging and travel expenses shall be in accordance
11 with applicable travel regulations published by the Department
12 of Central Management Services and approved by the Governor's
13 Travel Control Board, except that out-of-state lodging and
14 travel expenses related to examinations authorized under
15 Sections 132.1 through 132.7 shall be in accordance with
16 travel rates prescribed under paragraph 301-7.2 of the Federal
17 Travel Regulations, 41 C.F.R. 301-7.2, for reimbursement of
18 subsistence expenses incurred during official travel. All
19 lodging and travel expenses may be reimbursed directly upon
20 the authorization of the Director.

21 In the case of an organization or person not subject to the
22 financial regulation fee, the expenses incurred in any
23 financial examination authorized by law shall be paid by the
24 organization or person being examined. The charge shall be
25 reasonably related to the cost of the examination including,
26 but not limited to, compensation of examiners and other costs

1 described in this subsection.

2 (10) Any company, person, or entity failing to make any
3 payment of \$150 or more as required under this Section shall be
4 subject to the penalty and interest provisions provided for in
5 subsections (4) and (7) of Section 412.

6 (11) Unless otherwise specified, all of the fees collected
7 under this Section shall be paid into the Insurance Financial
8 Regulation Fund.

9 (12) For purposes of this Section:

10 (a) "Domestic company" means a company as defined in
11 Section 2 of this Code which is incorporated or organized
12 under the laws of this State, and in addition includes a
13 not-for-profit corporation authorized under the Dental
14 Service Plan Act or the Voluntary Health Services Plans
15 Act, a health maintenance organization, and a limited
16 health service organization.

17 (b) "Foreign company" means a company as defined in
18 Section 2 of this Code which is incorporated or organized
19 under the laws of any state of the United States other than
20 this State and in addition includes a health maintenance
21 organization and a limited health service organization
22 which is incorporated or organized under the laws of any
23 state of the United States other than this State.

24 (c) "Alien company" means a company as defined in
25 Section 2 of this Code which is incorporated or organized
26 under the laws of any country other than the United

1 States.

2 (d) "Fraternal benefit society" means a corporation,
3 society, order, lodge or voluntary association as defined
4 in Section 282.1 of this Code.

5 (e) "Mutual benefit association" means a company,
6 association or corporation authorized by the Director to
7 do business in this State under the provisions of Article
8 XVIII of this Code.

9 (f) "Burial society" means a person, firm,
10 corporation, society or association of individuals
11 authorized by the Director to do business in this State
12 under the provisions of Article XIX of this Code.

13 (g) "Farm mutual" means a district, county and
14 township mutual insurance company authorized by the
15 Director to do business in this State under the provisions
16 of the Farm Mutual Insurance Company Act of 1986.

17 (Source: P.A. 100-23, eff. 7-6-17.)

18 (215 ILCS 5/412) (from Ch. 73, par. 1024)

19 Sec. 412. Refunds; penalties; collection.

20 (1)(a) Whenever it appears to the satisfaction of the
21 Director that because of some mistake of fact, error in
22 calculation, or erroneous interpretation of a statute of this
23 or any other state, any authorized company, surplus line
24 producer, or industrial insured has paid to him, pursuant to
25 any provision of law, taxes, fees, or other charges in excess

1 of the amount legally chargeable against it, during the 6 year
2 period immediately preceding the discovery of such
3 overpayment, he shall have power to refund to such company,
4 surplus line producer, or industrial insured the amount of the
5 excess or excesses by applying the amount or amounts thereof
6 toward the payment of taxes, fees, or other charges already
7 due, or which may thereafter become due from that company
8 until such excess or excesses have been fully refunded, or
9 upon a written request from the authorized company, surplus
10 line producer, or industrial insured, the Director shall
11 provide a cash refund within 120 days after receipt of the
12 written request if all necessary information has been filed
13 with the Department in order for it to perform an audit of the
14 tax report for the transaction or period or annual return for
15 the year in which the overpayment occurred or within 120 days
16 after the date the Department receives all the necessary
17 information to perform such audit. The Director shall not
18 provide a cash refund if there are insufficient funds in the
19 Insurance Premium Tax Refund Fund to provide a cash refund, if
20 the amount of the overpayment is less than \$100, or if the
21 amount of the overpayment can be fully offset against the
22 taxpayer's estimated liability for the year following the year
23 of the cash refund request. Any cash refund shall be paid from
24 the Insurance Premium Tax Refund Fund, a special fund hereby
25 created in the State treasury.

26 (b) As determined by the Director pursuant to paragraph

1 (a) of this subsection ~~Beginning January 1, 2000 and~~
2 ~~thereafter,~~ the Department shall deposit an amount of cash
3 refunds approved by the Director for payment as a result of
4 overpayment of tax liability ~~a percentage of the amounts~~
5 collected under Sections 121-2.08, 409, 444, ~~and 444.1,~~ and
6 445 of this Code into the Insurance Premium Tax Refund Fund.
7 ~~The percentage deposited into the Insurance Premium Tax Refund~~
8 ~~Fund shall be the annual percentage. The annual percentage~~
9 ~~shall be calculated as a fraction, the numerator of which~~
10 ~~shall be the amount of cash refunds approved by the Director~~
11 ~~for payment and paid during the preceding calendar year as a~~
12 ~~result of overpayment of tax liability under Sections~~
13 ~~121-2.08, 409, 444, 444.1, and 445 of this Code and the~~
14 ~~denominator of which shall be the amounts collected pursuant~~
15 ~~to Sections 121-2.08, 409, 444, 444.1, and 445 of this Code~~
16 ~~during the preceding calendar year. However, if there were no~~
17 ~~cash refunds paid in a preceding calendar year, the Department~~
18 ~~shall deposit 5% of the amount collected in that preceding~~
19 ~~calendar year pursuant to Sections 121-2.08, 409, 444, 444.1,~~
20 ~~and 445 of this Code into the Insurance Premium Tax Refund Fund~~
21 ~~instead of an amount calculated by using the annual~~
22 ~~percentage.~~

23 (c) Beginning July 1, 1999, moneys in the Insurance
24 Premium Tax Refund Fund shall be expended exclusively for the
25 purpose of paying cash refunds resulting from overpayment of
26 tax liability under Sections 121-2.08, 409, 444, 444.1, and

1 445 of this Code as determined by the Director pursuant to
2 subsection 1(a) of this Section. Cash refunds made in
3 accordance with this Section may be made from the Insurance
4 Premium Tax Refund Fund only to the extent that amounts have
5 been deposited and retained in the Insurance Premium Tax
6 Refund Fund.

7 (d) This Section shall constitute an irrevocable and
8 continuing appropriation from the Insurance Premium Tax Refund
9 Fund for the purpose of paying cash refunds pursuant to the
10 provisions of this Section.

11 (2)(a) When any insurance company fails to file any tax
12 return required under Sections 408.1, 409, 444, and 444.1 of
13 this Code or Section 12 of the Fire Investigation Act on the
14 date prescribed, including any extensions, there shall be
15 added as a penalty \$400 or 10% of the amount of such tax,
16 whichever is greater, for each month or part of a month of
17 failure to file, the entire penalty not to exceed \$2,000 or 50%
18 of the tax due, whichever is greater.

19 (b) When any industrial insured or surplus line producer
20 fails to file any tax return or report required under Sections
21 121-2.08 and 445 of this Code or Section 12 of the Fire
22 Investigation Act on the date prescribed, including any
23 extensions, there shall be added:

24 (i) as a late fee, if the return or report is received
25 at least one day but not more than 7 days after the
26 prescribed due date, \$400 or 10% of the tax due, whichever

1 is greater, the entire fee not to exceed \$1,000;

2 (ii) as a late fee, if the return or report is received
3 at least 8 days but not more than 14 days after the
4 prescribed due date, \$400 or 10% of the tax due, whichever
5 is greater, the entire fee not to exceed \$1,500;

6 (iii) as a late fee, if the return or report is
7 received at least 15 days but not more than 21 days after
8 the prescribed due date, \$400 or 10% of the tax due,
9 whichever is greater, the entire fee not to exceed \$2,000;
10 or

11 (iv) as a penalty, if the return or report is received
12 more than 21 days after the prescribed due date, \$400 or
13 10% of the tax due, whichever is greater, for each month or
14 part of a month of failure to file, the entire penalty not
15 to exceed \$2,000 or 50% of the tax due, whichever is
16 greater.

17 A tax return or report shall be deemed received as of the
18 date mailed as evidenced by a postmark, proof of mailing on a
19 recognized United States Postal Service form or a form
20 acceptable to the United States Postal Service or other
21 commercial mail delivery service, or other evidence acceptable
22 to the Director.

23 (3)(a) When any insurance company fails to pay the full
24 amount due under the provisions of this Section, Sections
25 408.1, 409, 444, or 444.1 of this Code, or Section 12 of the
26 Fire Investigation Act, there shall be added to the amount due

1 as a penalty an amount equal to 10% of the deficiency.

2 (a-5) When any industrial insured or surplus line producer
3 fails to pay the full amount due under the provisions of this
4 Section, Sections 121-2.08 or 445 of this Code, or Section 12
5 of the Fire Investigation Act on the date prescribed, there
6 shall be added:

7 (i) as a late fee, if the payment is received at least
8 one day but not more than 7 days after the prescribed due
9 date, 10% of the tax due, the entire fee not to exceed
10 \$1,000;

11 (ii) as a late fee, if the payment is received at least
12 8 days but not more than 14 days after the prescribed due
13 date, 10% of the tax due, the entire fee not to exceed
14 \$1,500;

15 (iii) as a late fee, if the payment is received at
16 least 15 days but not more than 21 days after the
17 prescribed due date, 10% of the tax due, the entire fee not
18 to exceed \$2,000; or

19 (iv) as a penalty, if the return or report is received
20 more than 21 days after the prescribed due date, 10% of the
21 tax due.

22 A tax payment shall be deemed received as of the date
23 mailed as evidenced by a postmark, proof of mailing on a
24 recognized United States Postal Service form or a form
25 acceptable to the United States Postal Service or other
26 commercial mail delivery service, or other evidence acceptable

1 to the Director.

2 (b) If such failure to pay is determined by the Director to
3 be wilful, after a hearing under Sections 402 and 403, there
4 shall be added to the tax as a penalty an amount equal to the
5 greater of 50% of the deficiency or 10% of the amount due and
6 unpaid for each month or part of a month that the deficiency
7 remains unpaid commencing with the date that the amount
8 becomes due. Such amount shall be in lieu of any determined
9 under paragraph (a) or (a-5).

10 (4) Any insurance company, industrial insured, or surplus
11 line producer that fails to pay the full amount due under this
12 Section or Sections 121-2.08, 408.1, 409, 444, 444.1, or 445
13 of this Code, or Section 12 of the Fire Investigation Act is
14 liable, in addition to the tax and any late fees and penalties,
15 for interest on such deficiency at the rate of 12% per annum,
16 or at such higher adjusted rates as are or may be established
17 under subsection (b) of Section 6621 of the Internal Revenue
18 Code, from the date that payment of any such tax was due,
19 determined without regard to any extensions, to the date of
20 payment of such amount.

21 (5) The Director, through the Attorney General, may
22 institute an action in the name of the People of the State of
23 Illinois, in any court of competent jurisdiction, for the
24 recovery of the amount of such taxes, fees, and penalties due,
25 and prosecute the same to final judgment, and take such steps
26 as are necessary to collect the same.

1 (6) In the event that the certificate of authority of a
2 foreign or alien company is revoked for any cause or the
3 company withdraws from this State prior to the renewal date of
4 the certificate of authority as provided in Section 114, the
5 company may recover the amount of any such tax paid in advance.
6 Except as provided in this subsection, no revocation or
7 withdrawal excuses payment of or constitutes grounds for the
8 recovery of any taxes or penalties imposed by this Code.

9 (7) When an insurance company or domestic affiliated group
10 fails to pay the full amount of any fee of \$200 or more due
11 under Section 408 of this Code, there shall be added to the
12 amount due as a penalty the greater of \$100 or an amount equal
13 to 10% of the deficiency for each month or part of a month that
14 the deficiency remains unpaid.

15 (8) The Department shall have a lien for the taxes, fees,
16 charges, fines, penalties, interest, other charges, or any
17 portion thereof, imposed or assessed pursuant to this Code,
18 upon all the real and personal property of any company or
19 person to whom the assessment or final order has been issued or
20 whenever a tax return is filed without payment of the tax or
21 penalty shown therein to be due, including all such property
22 of the company or person acquired after receipt of the
23 assessment, issuance of the order, or filing of the return.
24 The company or person is liable for the filing fee incurred by
25 the Department for filing the lien and the filing fee incurred
26 by the Department to file the release of that lien. The filing

1 fees shall be paid to the Department in addition to payment of
2 the tax, fee, charge, fine, penalty, interest, other charges,
3 or any portion thereof, included in the amount of the lien.
4 However, where the lien arises because of the issuance of a
5 final order of the Director or tax assessment by the
6 Department, the lien shall not attach and the notice referred
7 to in this Section shall not be filed until all administrative
8 proceedings or proceedings in court for review of the final
9 order or assessment have terminated or the time for the taking
10 thereof has expired without such proceedings being instituted.

11 Upon the granting of Department review after a lien has
12 attached, the lien shall remain in full force except to the
13 extent to which the final assessment may be reduced by a
14 revised final assessment following the rehearing or review.
15 The lien created by the issuance of a final assessment shall
16 terminate, unless a notice of lien is filed, within 3 years
17 after the date all proceedings in court for the review of the
18 final assessment have terminated or the time for the taking
19 thereof has expired without such proceedings being instituted,
20 or (in the case of a revised final assessment issued pursuant
21 to a rehearing or review by the Department) within 3 years
22 after the date all proceedings in court for the review of such
23 revised final assessment have terminated or the time for the
24 taking thereof has expired without such proceedings being
25 instituted. Where the lien results from the filing of a tax
26 return without payment of the tax or penalty shown therein to

1 be due, the lien shall terminate, unless a notice of lien is
2 filed, within 3 years after the date when the return is filed
3 with the Department.

4 The time limitation period on the Department's right to
5 file a notice of lien shall not run during any period of time
6 in which the order of any court has the effect of enjoining or
7 restraining the Department from filing such notice of lien. If
8 the Department finds that a company or person is about to
9 depart from the State, to conceal himself or his property, or
10 to do any other act tending to prejudice or to render wholly or
11 partly ineffectual proceedings to collect the amount due and
12 owing to the Department unless such proceedings are brought
13 without delay, or if the Department finds that the collection
14 of the amount due from any company or person will be
15 jeopardized by delay, the Department shall give the company or
16 person notice of such findings and shall make demand for
17 immediate return and payment of the amount, whereupon the
18 amount shall become immediately due and payable. If the
19 company or person, within 5 days after the notice (or within
20 such extension of time as the Department may grant), does not
21 comply with the notice or show to the Department that the
22 findings in the notice are erroneous, the Department may file
23 a notice of jeopardy assessment lien in the office of the
24 recorder of the county in which any property of the company or
25 person may be located and shall notify the company or person of
26 the filing. The jeopardy assessment lien shall have the same

1 scope and effect as the statutory lien provided for in this
2 Section. If the company or person believes that the company or
3 person does not owe some or all of the tax for which the
4 jeopardy assessment lien against the company or person has
5 been filed, or that no jeopardy to the revenue in fact exists,
6 the company or person may protest within 20 days after being
7 notified by the Department of the filing of the jeopardy
8 assessment lien and request a hearing, whereupon the
9 Department shall hold a hearing in conformity with the
10 provisions of this Code and, pursuant thereto, shall notify
11 the company or person of its findings as to whether or not the
12 jeopardy assessment lien will be released. If not, and if the
13 company or person is aggrieved by this decision, the company
14 or person may file an action for judicial review of the final
15 determination of the Department in accordance with the
16 Administrative Review Law. If, pursuant to such hearing (or
17 after an independent determination of the facts by the
18 Department without a hearing), the Department determines that
19 some or all of the amount due covered by the jeopardy
20 assessment lien is not owed by the company or person, or that
21 no jeopardy to the revenue exists, or if on judicial review the
22 final judgment of the court is that the company or person does
23 not owe some or all of the amount due covered by the jeopardy
24 assessment lien against them, or that no jeopardy to the
25 revenue exists, the Department shall release its jeopardy
26 assessment lien to the extent of such finding of nonliability

1 for the amount, or to the extent of such finding of no jeopardy
2 to the revenue. The Department shall also release its jeopardy
3 assessment lien against the company or person whenever the
4 amount due and owing covered by the lien, plus any interest
5 which may be due, are paid and the company or person has paid
6 the Department in cash or by guaranteed remittance an amount
7 representing the filing fee for the lien and the filing fee for
8 the release of that lien. The Department shall file that
9 release of lien with the recorder of the county where that lien
10 was filed.

11 Nothing in this Section shall be construed to give the
12 Department a preference over the rights of any bona fide
13 purchaser, holder of a security interest, mechanics
14 lienholder, mortgagee, or judgment lien creditor arising prior
15 to the filing of a regular notice of lien or a notice of
16 jeopardy assessment lien in the office of the recorder in the
17 county in which the property subject to the lien is located.
18 For purposes of this Section, "bona fide" shall not include
19 any mortgage of real or personal property or any other credit
20 transaction that results in the mortgagee or the holder of the
21 security acting as trustee for unsecured creditors of the
22 company or person mentioned in the notice of lien who executed
23 such chattel or real property mortgage or the document
24 evidencing such credit transaction. The lien shall be inferior
25 to the lien of general taxes, special assessments, and special
26 taxes levied by any political subdivision of this State. In

1 case title to land to be affected by the notice of lien or
2 notice of jeopardy assessment lien is registered under the
3 provisions of the Registered Titles (Torrens) Act, such notice
4 shall be filed in the office of the Registrar of Titles of the
5 county within which the property subject to the lien is
6 situated and shall be entered upon the register of titles as a
7 memorial or charge upon each folium of the register of titles
8 affected by such notice, and the Department shall not have a
9 preference over the rights of any bona fide purchaser,
10 mortgagee, judgment creditor, or other lienholder arising
11 prior to the registration of such notice. The regular lien or
12 jeopardy assessment lien shall not be effective against any
13 purchaser with respect to any item in a retailer's stock in
14 trade purchased from the retailer in the usual course of the
15 retailer's business.

16 (Source: P.A. 98-158, eff. 8-2-13; 98-978, eff. 1-1-15.)

17 (215 ILCS 5/416)

18 Sec. 416. Illinois Workers' Compensation Commission
19 Operations Fund Surcharge.

20 (a) As of July 30, 2004 (the effective date of Public Act
21 93-840), every company licensed or authorized by the Illinois
22 Department of Insurance and insuring employers' liabilities
23 arising under the Workers' Compensation Act or the Workers'
24 Occupational Diseases Act shall remit to the Director a
25 surcharge based upon the annual direct written premium, as

1 reported under Section 136 of this Act, of the company in the
2 manner provided in this Section. Such proceeds shall be
3 deposited into the Illinois Workers' Compensation Commission
4 Operations Fund as established in the Workers' Compensation
5 Act. If a company survives or was formed by a merger,
6 consolidation, reorganization, or reincorporation, the direct
7 written premiums of all companies party to the merger,
8 consolidation, reorganization, or reincorporation shall, for
9 purposes of determining the amount of the fee imposed by this
10 Section, be regarded as those of the surviving or new company.

11 (b)(1) Except as provided in subsection (b)(2) of this
12 Section, beginning on July 30, 2004 (the effective date of
13 Public Act 93-840) and on July 1 of each year thereafter, the
14 Director shall charge an annual Illinois Workers' Compensation
15 Commission Operations Fund Surcharge from every company
16 subject to subsection (a) of this Section equal to 1.01% of its
17 direct written premium for insuring employers' liabilities
18 arising under the Workers' Compensation Act or Workers'
19 Occupational Diseases Act as reported in each company's annual
20 statement filed for the previous year as required by Section
21 136. The Illinois Workers' Compensation Commission Operations
22 Fund Surcharge shall be collected by companies subject to
23 subsection (a) of this Section as a separately stated
24 surcharge on insured employers at the rate of 1.01% of direct
25 written premium. The Illinois Workers' Compensation Commission
26 Operations Fund Surcharge shall not be collected by companies

1 subject to subsection (a) of this Section from any employer
2 that self-insures its liabilities arising under the Workers'
3 Compensation Act or Workers' Occupational Diseases Act,
4 provided that the employer has paid the Illinois Workers'
5 Compensation Commission Operations Fund Fee pursuant to
6 Section 4d of the Workers' Compensation Act. All sums
7 collected by the Department of Insurance under the provisions
8 of this Section shall be paid promptly after the receipt of the
9 same, accompanied by a detailed statement thereof, into the
10 Illinois Workers' Compensation Commission Operations Fund in
11 the State treasury.

12 (b)(2) The surcharge due pursuant to Public Act 93-840
13 shall be collected instead of the surcharge due on July 1, 2004
14 under Public Act 93-32. Payment of the surcharge due under
15 Public Act 93-840 shall discharge the employer's obligations
16 due on July 1, 2004.

17 (c) In addition to the authority specifically granted
18 under Article XXV of this Code, the Director shall have such
19 authority to adopt rules or establish forms as may be
20 reasonably necessary for purposes of enforcing this Section.
21 The Director shall also have authority to defer, waive, or
22 abate the surcharge or any penalties imposed by this Section
23 if in the Director's opinion the company's solvency and
24 ability to meet its insured obligations would be immediately
25 threatened by payment of the surcharge due.

26 (d) When a company fails to pay the full amount of any

1 annual Illinois Workers' Compensation Commission Operations
2 Fund Surcharge of \$100 or more due under this Section, there
3 shall be added to the amount due as a penalty ~~the greater of~~
4 ~~\$1,000 or~~ an amount equal to 10% ~~5%~~ of the deficiency for each
5 month or part of a month that the deficiency remains unpaid.

6 (e) The Department of Insurance may enforce the collection
7 of any delinquent payment, penalty, or portion thereof by
8 legal action or in any other manner by which the collection of
9 debts due the State of Illinois may be enforced under the laws
10 of this State.

11 (f) Whenever it appears to the satisfaction of the
12 Director that a company has paid pursuant to this Act an
13 Illinois Workers' Compensation Commission Operations Fund
14 Surcharge in an amount in excess of the amount legally
15 collectable from the company, the Director shall issue a
16 credit memorandum for an amount equal to the amount of such
17 overpayment. A credit memorandum may be applied for the 2-year
18 period from the date of issuance, against the payment of any
19 amount due during that period under the surcharge imposed by
20 this Section or, subject to reasonable rule of the Department
21 of Insurance including requirement of notification, may be
22 assigned to any other company subject to regulation under this
23 Act. Any application of credit memoranda after the period
24 provided for in this Section is void.

25 (g) Annually, the Governor may direct a transfer of up to
26 2% of all moneys collected under this Section to the Insurance

1 Financial Regulation Fund.

2 (Source: P.A. 95-331, eff. 8-21-07.)

3 (215 ILCS 5/356z.27 rep.)

4 Section 15. The Illinois Insurance Code is amended by
5 repealing Section 356z.27.

6 Section 20. The Illinois Health Insurance Portability and
7 Accountability Act is amended by changing Section 20 as
8 follows:

9 (215 ILCS 97/20)

10 Sec. 20. Increased portability through prohibition of
11 ~~limitation on~~ preexisting condition exclusions.

12 (A) No health insurance coverage issued, amended,
13 delivered, or renewed on or after the effective date of this
14 amendatory Act of the 102nd General Assembly may impose any
15 preexisting condition exclusion with respect to the plan or
16 coverage. This provision does not apply to the provision of
17 excepted benefits as described in paragraph (2) of subsection
18 (C). ~~Limitation of preexisting condition exclusion period,~~
19 ~~crediting for periods of previous coverage. Subject to~~
20 ~~subsection (D), a group health plan, and a health insurance~~
21 ~~issuer offering group health insurance coverage, may, with~~
22 ~~respect to a participant or beneficiary, impose a preexisting~~
23 ~~condition exclusion only if:~~

1 ~~(1) the exclusion relates to a condition (whether~~
2 ~~physical or mental), regardless of the cause of the~~
3 ~~condition, for which medical advice, diagnosis, care, or~~
4 ~~treatment was recommended or received within the 6-month~~
5 ~~period ending on the enrollment date;~~

6 ~~(2) the exclusion extends for a period of not more~~
7 ~~than 12 months (or 18 months in the case of a late~~
8 ~~enrollee) after the enrollment date; and~~

9 ~~(3) the period of any such preexisting condition~~
10 ~~exclusion is reduced by the aggregate of the periods of~~
11 ~~creditable coverage (if any, as defined in subsection~~
12 ~~(C)(1)) applicable to the participant or beneficiary as of~~
13 ~~the enrollment date.~~

14 (B) (Blank). ~~Preexisting condition exclusion. A group~~
15 ~~health plan, and health insurance issuer offering group health~~
16 ~~insurance coverage, may not impose any preexisting condition~~
17 ~~exclusion relating to pregnancy as a preexisting condition.~~

18 ~~Genetic information shall not be treated as a condition~~
19 ~~described in subsection (A)(1) in the absence of a diagnosis~~
20 ~~of the condition related to such information.~~

21 (C) Rules relating to crediting previous coverage.

22 (1) Creditable coverage defined. For purposes of this
23 Act, the term "creditable coverage" means, with respect to
24 an individual, coverage of the individual under any of the
25 following:

26 (a) A group health plan.

1 (b) Health insurance coverage.

2 (c) Part A or part B of title XVIII of the Social
3 Security Act.

4 (d) Title XIX of the Social Security Act, other
5 than coverage consisting solely of benefits under
6 Section 1928.

7 (e) Chapter 55 of title 10, United States Code.

8 (f) A medical care program of the Indian Health
9 Service or of a tribal organization.

10 (g) A State health benefits risk pool.

11 (h) A health plan offered under chapter 89 of
12 title 5, United States Code.

13 (i) A public health plan (as defined in
14 regulations).

15 (j) A health benefit plan under Section 5(e) of
16 the Peace Corps Act (22 U.S.C. 2504(e)).

17 (k) Title XXI of the federal Social Security Act,
18 State Children's Health Insurance Program.

19 Such term does not include coverage consisting solely
20 of coverage of excepted benefits.

21 (2) Excepted benefits. For purposes of this Act, the
22 term "excepted benefits" means benefits under one or more
23 of the following:

24 (a) Benefits not subject to requirements:

25 (i) Coverage only for accident, or disability
26 income insurance, or any combination thereof.

1 (ii) Coverage issued as a supplement to
2 liability insurance.

3 (iii) Liability insurance, including general
4 liability insurance and automobile liability
5 insurance.

6 (iv) Workers' compensation or similar
7 insurance.

8 (v) Automobile medical payment insurance.

9 (vi) Credit-only insurance.

10 (vii) Coverage for on-site medical clinics.

11 (viii) Other similar insurance coverage,
12 specified in regulations, under which benefits for
13 medical care are secondary or incidental to other
14 insurance benefits.

15 (b) Benefits not subject to requirements if
16 offered separately:

17 (i) Limited scope dental or vision benefits.

18 (ii) Benefits for long-term care, nursing home
19 care, home health care, community-based care, or
20 any combination thereof.

21 (iii) Such other similar, limited benefits as
22 are specified in rules.

23 (c) Benefits not subject to requirements if
24 offered, as independent, noncoordinated benefits:

25 (i) Coverage only for a specified disease or
26 illness.

1 (ii) Hospital indemnity or other fixed
2 indemnity insurance.

3 (d) Benefits not subject to requirements if
4 offered as separate insurance policy. Medicare
5 supplemental health insurance (as defined under
6 Section 1882(g)(1) of the Social Security Act),
7 coverage supplemental to the coverage provided under
8 chapter 55 of title 10, United States Code, and
9 similar supplemental coverage provided to coverage
10 under a group health plan.

11 (3) Not counting periods before significant breaks in
12 coverage.

13 (a) In general. A period of creditable coverage
14 shall not be counted, with respect to enrollment of an
15 individual under a group health plan, if, after such
16 period and before the enrollment date, there was a
17 63-day period during all of which the individual was
18 not covered under any creditable coverage.

19 (b) Waiting period not treated as a break in
20 coverage. For purposes of subparagraph (a) and
21 subsection (D)(3), any period that an individual is in
22 a waiting period for any coverage under a group health
23 plan (or for group health insurance coverage) or is in
24 an affiliation period (as defined in subsection
25 (G)(2)) shall not be taken into account in determining
26 the continuous period under subparagraph (a).

1 (4) (Blank). ~~Method of crediting coverage.~~

2 ~~(a) Standard method. Except as otherwise provided~~
3 ~~under subparagraph (b), for purposes of applying~~
4 ~~subsection (A) (3), a group health plan, and a health~~
5 ~~insurance issuer offering group health insurance~~
6 ~~coverage, shall count a period of creditable coverage~~
7 ~~without regard to the specific benefits covered during~~
8 ~~the period.~~

9 ~~(b) Election of alternative method. A group health~~
10 ~~plan, or a health insurance issuer offering group~~
11 ~~health insurance, may elect to apply subsection (A) (3)~~
12 ~~based on coverage of benefits within each of several~~
13 ~~classes or categories of benefits specified in~~
14 ~~regulations rather than as provided under subparagraph~~
15 ~~(a). Such election shall be made on a uniform basis for~~
16 ~~all participants and beneficiaries. Under such~~
17 ~~election a group health plan or issuer shall count a~~
18 ~~period of creditable coverage with respect to any~~
19 ~~class or category of benefits if any level of benefits~~
20 ~~is covered within such class or category.~~

21 ~~(c) Plan notice. In the case of an election with~~
22 ~~respect to a group health plan under subparagraph (b)~~
23 ~~(whether or not health insurance coverage is provided~~
24 ~~in connection with such plan), the plan shall:~~

25 ~~(i) prominently state in any disclosure~~
26 ~~statements concerning the plan, and state to each~~

1 ~~enrollee at the time of enrollment under the plan,~~
2 ~~that the plan has made such election; and~~

3 ~~(ii) include in such statements a description~~
4 ~~of the effect of this election.~~

5 ~~(d) Issuer notice. In the case of an election~~
6 ~~under subparagraph (b) with respect to health~~
7 ~~insurance coverage offered by an issuer in the small~~
8 ~~or large group market, the issuer:~~

9 ~~(i) shall prominently state in any disclosure~~
10 ~~statements concerning the coverage, and to each~~
11 ~~employer at the time of the offer or sale of the~~
12 ~~coverage, that the issuer has made such election;~~
13 ~~and~~

14 ~~(ii) shall include in such statements a~~
15 ~~description of the effect of such election.~~

16 (5) Establishment of period. Periods of creditable
17 coverage with respect to an individual shall be
18 established through presentation or certifications
19 described in subsection (E) or in such other manner as may
20 be specified in regulations.

21 (D) (Blank). ~~Exceptions:~~

22 ~~(1) Exclusion not applicable to certain newborns.~~
23 ~~Subject to paragraph (3), a group health plan, and a~~
24 ~~health insurance issuer offering group health insurance~~
25 ~~coverage, may not impose any preexisting condition~~
26 ~~exclusion in the case of an individual who, as of the last~~

1 ~~day of the 30 day period beginning with the date of birth,~~
2 ~~is covered under creditable coverage.~~

3 ~~(2) Exclusion not applicable to certain adopted~~
4 ~~children. Subject to paragraph (3), a group health plan,~~
5 ~~and a health insurance issuer offering group health~~
6 ~~insurance coverage, may not impose any preexisting~~
7 ~~condition exclusion in the case of a child who is adopted~~
8 ~~or placed for adoption before attaining 18 years of age~~
9 ~~and who, as of the last day of the 30 day period beginning~~
10 ~~on the date of the adoption or placement for adoption, is~~
11 ~~covered under creditable coverage.~~

12 ~~The previous sentence shall not apply to coverage~~
13 ~~before the date of such adoption or placement for~~
14 ~~adoption.~~

15 ~~(3) Loss if break in coverage. Paragraphs (1) and (2)~~
16 ~~shall no longer apply to an individual after the end of the~~
17 ~~first 63 day period during all of which the individual was~~
18 ~~not covered under any creditable coverage.~~

19 (E) Certifications and disclosure of coverage.

20 (1) Requirement for Certification of Period of
21 Creditable Coverage.

22 (a) A group health plan, and a health insurance
23 issuer offering group health insurance coverage, shall
24 provide the certification described in subparagraph

25 (b):

26 (i) at the time an individual ceases to be

1 covered under the plan or otherwise becomes
2 covered under a COBRA continuation provision;

3 (ii) in the case of an individual becoming
4 covered under such a provision, at the time the
5 individual ceases to be covered under such
6 provision; and

7 (iii) on the request on behalf of an
8 individual made not later than 24 months after the
9 date of cessation of the coverage described in
10 clause (i) or (ii), whichever is later.

11 The certification under clause (i) may be provided, to
12 the extent practicable, at a time consistent with
13 notices required under any applicable COBRA
14 continuation provision.

15 (b) The certification described in this
16 subparagraph is a written certification of:

17 (i) the period of creditable coverage of the
18 individual under such plan and the coverage (if
19 any) under such COBRA continuation provision; and

20 (ii) the waiting period (if any) (and
21 affiliation period, if applicable) imposed with
22 respect to the individual for any coverage under
23 such plan.

24 (c) To the extent that medical care under a group
25 health plan consists of group health insurance
26 coverage, the plan is deemed to have satisfied the

1 certification requirement under this paragraph if the
2 health insurance issuer offering the coverage provides
3 for such certification in accordance with this
4 paragraph.

5 (2) (Blank). ~~Disclosure of information on previous~~
6 ~~benefits. In the case of an election described in~~
7 ~~subsection (C) (4) (b) by a group health plan or health~~
8 ~~insurance issuer, if the plan or issuer enrolls an~~
9 ~~individual for coverage under the plan and the individual~~
10 ~~provides a certification of coverage of the individual~~
11 ~~under paragraph (1):~~

12 ~~(a) upon request of such plan or issuer, the~~
13 ~~entity which issued the certification provided by the~~
14 ~~individual shall promptly disclose to such requesting~~
15 ~~plan or issuer information on coverage of classes and~~
16 ~~categories of health benefits available under such~~
17 ~~entity's plan or coverage; and~~

18 ~~(b) such entity may charge the requesting plan or~~
19 ~~issuer for the reasonable cost of disclosing such~~
20 ~~information.~~

21 (3) Rules. The Department shall establish rules to
22 prevent an entity's failure to provide information under
23 paragraph (1) ~~or (2)~~ with respect to previous coverage of
24 an individual from adversely affecting any subsequent
25 coverage of the individual under another group health plan
26 or health insurance coverage.

1 (4) Treatment of certain plans as group health plan
2 for notice provision. A program under which creditable
3 coverage described in subparagraph (c), (d), (e), or (f)
4 of Section 20(C)(1) is provided shall be treated as a
5 group health plan for purposes of this Section.

6 (F) Special enrollment periods.

7 (1) Individuals losing other coverage. A group health
8 plan, and a health insurance issuer offering group health
9 insurance coverage in connection with a group health plan,
10 shall permit an employee who is eligible, but not
11 enrolled, for coverage under the terms of the plan (or a
12 dependent of such an employee if the dependent is
13 eligible, but not enrolled, for coverage under such terms)
14 to enroll for coverage under the terms of the plan if each
15 of the following conditions is met:

16 (a) The employee or dependent was covered under a
17 group health plan or had health insurance coverage at
18 the time coverage was previously offered to the
19 employee or dependent.

20 (b) The employee stated in writing at such time
21 that coverage under a group health plan or health
22 insurance coverage was the reason for declining
23 enrollment, but only if the plan sponsor or issuer (if
24 applicable) required such a statement at such time and
25 provided the employee with notice of such requirement
26 (and the consequences of such requirement) at such

1 time.

2 (c) The employee's or dependent's coverage
3 described in subparagraph (a):

4 (i) was under a COBRA continuation provision
5 and the coverage under such provision was
6 exhausted; or

7 (ii) was not under such a provision and either
8 the coverage was terminated as a result of loss of
9 eligibility for the coverage (including as a
10 result of legal separation, divorce, death,
11 termination of employment, or reduction in the
12 number of hours of employment) or employer
13 contributions towards such coverage were
14 terminated.

15 (d) Under the terms of the plan, the employee
16 requests such enrollment not later than 30 days after
17 the date of exhaustion of coverage described in
18 subparagraph (c)(i) or termination of coverage or
19 employer contributions described in subparagraph
20 (c)(ii).

21 (2) For dependent beneficiaries.

22 (a) In general. If:

23 (i) a group health plan makes coverage
24 available with respect to a dependent of an
25 individual,

26 (ii) the individual is a participant under the

1 plan (or has met any waiting period applicable to
2 becoming a participant under the plan and is
3 eligible to be enrolled under the plan but for a
4 failure to enroll during a previous enrollment
5 period), and

6 (iii) a person becomes such a dependent of the
7 individual through marriage, birth, or adoption or
8 placement for adoption,

9 then the group health plan shall provide for a
10 dependent special enrollment period described in
11 subparagraph (b) during which the person (or, if not
12 otherwise enrolled, the individual) may be enrolled
13 under the plan as a dependent of the individual, and in
14 the case of the birth or adoption of a child, the
15 spouse of the individual may be enrolled as a
16 dependent of the individual if such spouse is
17 otherwise eligible for coverage.

18 (b) Dependent special enrollment period. A
19 dependent special enrollment period under this
20 subparagraph shall be a period of not less than 30 days
21 and shall begin on the later of:

22 (i) the date dependent coverage is made
23 available; or

24 (ii) the date of the marriage, birth, or
25 adoption or placement for adoption (as the case
26 may be) described in subparagraph (a)(iii).

1 (c) No waiting period. If an individual seeks to
2 enroll a dependent during the first 30 days of such a
3 dependent special enrollment period, the coverage of
4 the dependent shall become effective:

5 (i) in the case of marriage, not later than
6 the first day of the first month beginning after
7 the date the completed request for enrollment is
8 received;

9 (ii) in the case of a dependent's birth, as of
10 the date of such birth; or

11 (iii) in the case of a dependent's adoption or
12 placement for adoption, the date of such adoption
13 or placement for adoption.

14 (G) Use of affiliation period by HMOs as alternative to
15 preexisting condition exclusion.

16 (1) In general. A health maintenance organization
17 which offers health insurance coverage in connection with
18 a group health plan and which does not impose any
19 pre-existing condition exclusion ~~allowed under subsection~~
20 ~~(A)~~ with respect to any particular coverage option may
21 impose an affiliation period for such coverage option, but
22 only if:

23 (a) such period is applied uniformly without
24 regard to any health status-related factors; and

25 (b) such period does not exceed 2 months (or 3
26 months in the case of a late enrollee).

1 (2) Affiliation period.

2 (a) Defined. For purposes of this Act, the term
3 "affiliation period" means a period which, under the
4 terms of the health insurance coverage offered by the
5 health maintenance organization, must expire before
6 the health insurance coverage becomes effective. The
7 organization is not required to provide health care
8 services or benefits during such period and no premium
9 shall be charged to the participant or beneficiary for
10 any coverage during the period.

11 (b) Beginning. Such period shall begin on the
12 enrollment date.

13 (c) Runs concurrently with waiting periods. An
14 affiliation period under a plan shall run concurrently
15 with any waiting period under the plan.

16 (3) Alternative methods. A health maintenance
17 organization described in paragraph (1) may use
18 alternative methods, from those described in such
19 paragraph, to address adverse selection as approved by the
20 Department.

21 (Source: P.A. 90-30, eff. 7-1-97; 90-736, eff. 8-12-98.)

22 Section 25. The Health Maintenance Organization Act is
23 amended by changing Section 5-3 as follows:

24 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

1 Sec. 5-3. Insurance Code provisions.

2 (a) Health Maintenance Organizations shall be subject to
3 the provisions of Sections 133, 134, 136, 137, 139, 140,
4 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
5 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,
6 355.3, 355b, 355c, 356g.5-1, 356m, 356q, 356v, 356w, 356x,
7 356y, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9,
8 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17,
9 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,
10 356z.30, 356z.30a, 356z.32, 356z.33, 356z.35, 356z.36,
11 356z.40, 356z.41, 356z.43, 356z.46, 356z.47, 356z.48, 356z.50,
12 356z.51, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,
13 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,
14 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
15 subsection (2) of Section 367, and Articles IIA, VIII 1/2,
16 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the
17 Illinois Insurance Code.

18 (b) For purposes of the Illinois Insurance Code, except
19 for Sections 444 and 444.1 and Articles XIII and XIII 1/2,
20 Health Maintenance Organizations in the following categories
21 are deemed to be "domestic companies":

22 (1) a corporation authorized under the Dental Service
23 Plan Act or the Voluntary Health Services Plans Act;

24 (2) a corporation organized under the laws of this
25 State; or

26 (3) a corporation organized under the laws of another

1 state, 30% or more of the enrollees of which are residents
2 of this State, except a corporation subject to
3 substantially the same requirements in its state of
4 organization as is a "domestic company" under Article VIII
5 1/2 of the Illinois Insurance Code.

6 (c) In considering the merger, consolidation, or other
7 acquisition of control of a Health Maintenance Organization
8 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

9 (1) the Director shall give primary consideration to
10 the continuation of benefits to enrollees and the
11 financial conditions of the acquired Health Maintenance
12 Organization after the merger, consolidation, or other
13 acquisition of control takes effect;

14 (2) (i) the criteria specified in subsection (1) (b) of
15 Section 131.8 of the Illinois Insurance Code shall not
16 apply and (ii) the Director, in making his determination
17 with respect to the merger, consolidation, or other
18 acquisition of control, need not take into account the
19 effect on competition of the merger, consolidation, or
20 other acquisition of control;

21 (3) the Director shall have the power to require the
22 following information:

23 (A) certification by an independent actuary of the
24 adequacy of the reserves of the Health Maintenance
25 Organization sought to be acquired;

26 (B) pro forma financial statements reflecting the

1 combined balance sheets of the acquiring company and
2 the Health Maintenance Organization sought to be
3 acquired as of the end of the preceding year and as of
4 a date 90 days prior to the acquisition, as well as pro
5 forma financial statements reflecting projected
6 combined operation for a period of 2 years;

7 (C) a pro forma business plan detailing an
8 acquiring party's plans with respect to the operation
9 of the Health Maintenance Organization sought to be
10 acquired for a period of not less than 3 years; and

11 (D) such other information as the Director shall
12 require.

13 (d) The provisions of Article VIII 1/2 of the Illinois
14 Insurance Code and this Section 5-3 shall apply to the sale by
15 any health maintenance organization of greater than 10% of its
16 enrollee population (including without limitation the health
17 maintenance organization's right, title, and interest in and
18 to its health care certificates).

19 (e) In considering any management contract or service
20 agreement subject to Section 141.1 of the Illinois Insurance
21 Code, the Director (i) shall, in addition to the criteria
22 specified in Section 141.2 of the Illinois Insurance Code,
23 take into account the effect of the management contract or
24 service agreement on the continuation of benefits to enrollees
25 and the financial condition of the health maintenance
26 organization to be managed or serviced, and (ii) need not take

1 into account the effect of the management contract or service
2 agreement on competition.

3 (f) Except for small employer groups as defined in the
4 Small Employer Rating, Renewability and Portability Health
5 Insurance Act and except for medicare supplement policies as
6 defined in Section 363 of the Illinois Insurance Code, a
7 Health Maintenance Organization may by contract agree with a
8 group or other enrollment unit to effect refunds or charge
9 additional premiums under the following terms and conditions:

10 (i) the amount of, and other terms and conditions with
11 respect to, the refund or additional premium are set forth
12 in the group or enrollment unit contract agreed in advance
13 of the period for which a refund is to be paid or
14 additional premium is to be charged (which period shall
15 not be less than one year); and

16 (ii) the amount of the refund or additional premium
17 shall not exceed 20% of the Health Maintenance
18 Organization's profitable or unprofitable experience with
19 respect to the group or other enrollment unit for the
20 period (and, for purposes of a refund or additional
21 premium, the profitable or unprofitable experience shall
22 be calculated taking into account a pro rata share of the
23 Health Maintenance Organization's administrative and
24 marketing expenses, but shall not include any refund to be
25 made or additional premium to be paid pursuant to this
26 subsection (f)). The Health Maintenance Organization and

1 the group or enrollment unit may agree that the profitable
2 or unprofitable experience may be calculated taking into
3 account the refund period and the immediately preceding 2
4 plan years.

5 The Health Maintenance Organization shall include a
6 statement in the evidence of coverage issued to each enrollee
7 describing the possibility of a refund or additional premium,
8 and upon request of any group or enrollment unit, provide to
9 the group or enrollment unit a description of the method used
10 to calculate (1) the Health Maintenance Organization's
11 profitable experience with respect to the group or enrollment
12 unit and the resulting refund to the group or enrollment unit
13 or (2) the Health Maintenance Organization's unprofitable
14 experience with respect to the group or enrollment unit and
15 the resulting additional premium to be paid by the group or
16 enrollment unit.

17 In no event shall the Illinois Health Maintenance
18 Organization Guaranty Association be liable to pay any
19 contractual obligation of an insolvent organization to pay any
20 refund authorized under this Section.

21 (g) Rulemaking authority to implement Public Act 95-1045,
22 if any, is conditioned on the rules being adopted in
23 accordance with all provisions of the Illinois Administrative
24 Procedure Act and all rules and procedures of the Joint
25 Committee on Administrative Rules; any purported rule not so
26 adopted, for whatever reason, is unauthorized.

1 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
2 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-393, eff.
3 1-1-20; 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625,
4 eff. 1-1-21; 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
5 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
6 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
7 eff. 10-8-21; revised 10-27-21.)

8 Section 30. The Limited Health Service Organization Act is
9 amended by changing Section 4003 as follows:

10 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

11 Sec. 4003. Illinois Insurance Code provisions. Limited
12 health service organizations shall be subject to the
13 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
14 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
15 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 355.2, 355.3,
16 355b, 356q, 356v, 356z.10, 356z.21, 356z.22, 356z.25, 356z.26,
17 356z.29, 356z.30a, 356z.32, 356z.33, 356z.41, 356z.46,
18 356z.47, 356z.51, 364.3, ~~356z.43,~~ 368a, 401, 401.1, 402, 403,
19 403A, 408, 408.2, 409, 412, 444, and 444.1 and Articles IIA,
20 VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the
21 Illinois Insurance Code. For purposes of the Illinois
22 Insurance Code, except for Sections 444 and 444.1 and Articles
23 XIII and XIII 1/2, limited health service organizations in the
24 following categories are deemed to be domestic companies:

- 1 (1) a corporation under the laws of this State; or
2 (2) a corporation organized under the laws of another
3 state, 30% or more of the enrollees of which are residents
4 of this State, except a corporation subject to
5 substantially the same requirements in its state of
6 organization as is a domestic company under Article VIII
7 1/2 of the Illinois Insurance Code.

8 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
9 101-393, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff.
10 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642,
11 eff. 1-1-22; revised 10-27-21.)

12 Section 35. The Voluntary Health Services Plans Act is
13 amended by changing Section 10 as follows:

14 (215 ILCS 165/10) (from Ch. 32, par. 604)

15 Sec. 10. Application of Insurance Code provisions. Health
16 services plan corporations and all persons interested therein
17 or dealing therewith shall be subject to the provisions of
18 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
19 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
20 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356v, 356w,
21 356x, 356y, 356z.1, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6,
22 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,
23 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26,
24 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33, 356z.40,

1 356z.41, 356z.46, 356z.47, 356z.51, ~~356z.43,~~ 364.01, 364.3,
2 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,
3 and paragraphs (7) and (15) of Section 367 of the Illinois
4 Insurance Code.

5 Rulemaking authority to implement Public Act 95-1045, if
6 any, is conditioned on the rules being adopted in accordance
7 with all provisions of the Illinois Administrative Procedure
8 Act and all rules and procedures of the Joint Committee on
9 Administrative Rules; any purported rule not so adopted, for
10 whatever reason, is unauthorized.

11 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
12 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff.
13 1-1-21; 102-30, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306,
14 eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21;
15 revised 10-27-21.)

16 Section 40. The Workers' Compensation Act is amended by
17 changing Section 19 as follows:

18 (820 ILCS 305/19) (from Ch. 48, par. 138.19)

19 Sec. 19. Any disputed questions of law or fact shall be
20 determined as herein provided.

21 (a) It shall be the duty of the Commission upon
22 notification that the parties have failed to reach an
23 agreement, to designate an Arbitrator.

24 1. Whenever any claimant misconceives his remedy and

1 files an application for adjustment of claim under this
2 Act and it is subsequently discovered, at any time before
3 final disposition of such cause, that the claim for
4 disability or death which was the basis for such
5 application should properly have been made under the
6 Workers' Occupational Diseases Act, then the provisions of
7 Section 19, paragraph (a-1) of the Workers' Occupational
8 Diseases Act having reference to such application shall
9 apply.

10 2. Whenever any claimant misconceives his remedy and
11 files an application for adjustment of claim under the
12 Workers' Occupational Diseases Act and it is subsequently
13 discovered, at any time before final disposition of such
14 cause that the claim for injury or death which was the
15 basis for such application should properly have been made
16 under this Act, then the application so filed under the
17 Workers' Occupational Diseases Act may be amended in form,
18 substance or both to assert claim for such disability or
19 death under this Act and it shall be deemed to have been so
20 filed as amended on the date of the original filing
21 thereof, and such compensation may be awarded as is
22 warranted by the whole evidence pursuant to this Act. When
23 such amendment is submitted, further or additional
24 evidence may be heard by the Arbitrator or Commission when
25 deemed necessary. Nothing in this Section contained shall
26 be construed to be or permit a waiver of any provisions of

1 this Act with reference to notice but notice if given
2 shall be deemed to be a notice under the provisions of this
3 Act if given within the time required herein.

4 (b) The Arbitrator shall make such inquiries and
5 investigations as he or they shall deem necessary and may
6 examine and inspect all books, papers, records, places, or
7 premises relating to the questions in dispute and hear such
8 proper evidence as the parties may submit.

9 The hearings before the Arbitrator shall be held in the
10 vicinity where the injury occurred after 10 days' notice of
11 the time and place of such hearing shall have been given to
12 each of the parties or their attorneys of record.

13 The Arbitrator may find that the disabling condition is
14 temporary and has not yet reached a permanent condition and
15 may order the payment of compensation up to the date of the
16 hearing, which award shall be reviewable and enforceable in
17 the same manner as other awards, and in no instance be a bar to
18 a further hearing and determination of a further amount of
19 temporary total compensation or of compensation for permanent
20 disability, but shall be conclusive as to all other questions
21 except the nature and extent of said disability.

22 The decision of the Arbitrator shall be filed with the
23 Commission which Commission shall immediately send to each
24 party or his attorney a copy of such decision, together with a
25 notification of the time when it was filed. As of the effective
26 date of this amendatory Act of the 94th General Assembly, all

1 decisions of the Arbitrator shall set forth in writing
2 findings of fact and conclusions of law, separately stated, if
3 requested by either party. Unless a petition for review is
4 filed by either party within 30 days after the receipt by such
5 party of the copy of the decision and notification of time when
6 filed, and unless such party petitioning for a review shall
7 within 35 days after the receipt by him of the copy of the
8 decision, file with the Commission either an agreed statement
9 of the facts appearing upon the hearing before the Arbitrator,
10 or if such party shall so elect a correct transcript of
11 evidence of the proceedings at such hearings, then the
12 decision shall become the decision of the Commission and in
13 the absence of fraud shall be conclusive. The Petition for
14 Review shall contain a statement of the petitioning party's
15 specific exceptions to the decision of the arbitrator. The
16 jurisdiction of the Commission to review the decision of the
17 arbitrator shall not be limited to the exceptions stated in
18 the Petition for Review. The Commission, or any member
19 thereof, may grant further time not exceeding 30 days, in
20 which to file such agreed statement or transcript of evidence.
21 Such agreed statement of facts or correct transcript of
22 evidence, as the case may be, shall be authenticated by the
23 signatures of the parties or their attorneys, and in the event
24 they do not agree as to the correctness of the transcript of
25 evidence it shall be authenticated by the signature of the
26 Arbitrator designated by the Commission.

1 Whether the employee is working or not, if the employee is
2 not receiving or has not received medical, surgical, or
3 hospital services or other services or compensation as
4 provided in paragraph (a) of Section 8, or compensation as
5 provided in paragraph (b) of Section 8, the employee may at any
6 time petition for an expedited hearing by an Arbitrator on the
7 issue of whether or not he or she is entitled to receive
8 payment of the services or compensation. Provided the employer
9 continues to pay compensation pursuant to paragraph (b) of
10 Section 8, the employer may at any time petition for an
11 expedited hearing on the issue of whether or not the employee
12 is entitled to receive medical, surgical, or hospital services
13 or other services or compensation as provided in paragraph (a)
14 of Section 8, or compensation as provided in paragraph (b) of
15 Section 8. When an employer has petitioned for an expedited
16 hearing, the employer shall continue to pay compensation as
17 provided in paragraph (b) of Section 8 unless the arbitrator
18 renders a decision that the employee is not entitled to the
19 benefits that are the subject of the expedited hearing or
20 unless the employee's treating physician has released the
21 employee to return to work at his or her regular job with the
22 employer or the employee actually returns to work at any other
23 job. If the arbitrator renders a decision that the employee is
24 not entitled to the benefits that are the subject of the
25 expedited hearing, a petition for review filed by the employee
26 shall receive the same priority as if the employee had filed a

1 petition for an expedited hearing by an Arbitrator. Neither
2 party shall be entitled to an expedited hearing when the
3 employee has returned to work and the sole issue in dispute
4 amounts to less than 12 weeks of unpaid compensation pursuant
5 to paragraph (b) of Section 8.

6 Expedited hearings shall have priority over all other
7 petitions and shall be heard by the Arbitrator and Commission
8 with all convenient speed. Any party requesting an expedited
9 hearing shall give notice of a request for an expedited
10 hearing under this paragraph. A copy of the Application for
11 Adjustment of Claim shall be attached to the notice. The
12 Commission shall adopt rules and procedures under which the
13 final decision of the Commission under this paragraph is filed
14 not later than 180 days from the date that the Petition for
15 Review is filed with the Commission.

16 Where 2 or more insurance carriers, private self-insureds,
17 or a group workers' compensation pool under Article V 3/4 of
18 the Illinois Insurance Code dispute coverage for the same
19 injury, any such insurance carrier, private self-insured, or
20 group workers' compensation pool may request an expedited
21 hearing pursuant to this paragraph to determine the issue of
22 coverage, provided coverage is the only issue in dispute and
23 all other issues are stipulated and agreed to and further
24 provided that all compensation benefits including medical
25 benefits pursuant to Section 8(a) continue to be paid to or on
26 behalf of petitioner. Any insurance carrier, private

1 self-insured, or group workers' compensation pool that is
2 determined to be liable for coverage for the injury in issue
3 shall reimburse any insurance carrier, private self-insured,
4 or group workers' compensation pool that has paid benefits to
5 or on behalf of petitioner for the injury.

6 (b-1) If the employee is not receiving medical, surgical
7 or hospital services as provided in paragraph (a) of Section 8
8 or compensation as provided in paragraph (b) of Section 8, the
9 employee, in accordance with Commission Rules, may file a
10 petition for an emergency hearing by an Arbitrator on the
11 issue of whether or not he is entitled to receive payment of
12 such compensation or services as provided therein. Such
13 petition shall have priority over all other petitions and
14 shall be heard by the Arbitrator and Commission with all
15 convenient speed.

16 Such petition shall contain the following information and
17 shall be served on the employer at least 15 days before it is
18 filed:

- 19 (i) the date and approximate time of accident;
20 (ii) the approximate location of the accident;
21 (iii) a description of the accident;
22 (iv) the nature of the injury incurred by the
23 employee;
24 (v) the identity of the person, if known, to whom the
25 accident was reported and the date on which it was
26 reported;

1 (vi) the name and title of the person, if known,
2 representing the employer with whom the employee conferred
3 in any effort to obtain compensation pursuant to paragraph
4 (b) of Section 8 of this Act or medical, surgical or
5 hospital services pursuant to paragraph (a) of Section 8
6 of this Act and the date of such conference;

7 (vii) a statement that the employer has refused to pay
8 compensation pursuant to paragraph (b) of Section 8 of
9 this Act or for medical, surgical or hospital services
10 pursuant to paragraph (a) of Section 8 of this Act;

11 (viii) the name and address, if known, of each witness
12 to the accident and of each other person upon whom the
13 employee will rely to support his allegations;

14 (ix) the dates of treatment related to the accident by
15 medical practitioners, and the names and addresses of such
16 practitioners, including the dates of treatment related to
17 the accident at any hospitals and the names and addresses
18 of such hospitals, and a signed authorization permitting
19 the employer to examine all medical records of all
20 practitioners and hospitals named pursuant to this
21 paragraph;

22 (x) a copy of a signed report by a medical
23 practitioner, relating to the employee's current inability
24 to return to work because of the injuries incurred as a
25 result of the accident or such other documents or
26 affidavits which show that the employee is entitled to

1 receive compensation pursuant to paragraph (b) of Section
2 8 of this Act or medical, surgical or hospital services
3 pursuant to paragraph (a) of Section 8 of this Act. Such
4 reports, documents or affidavits shall state, if possible,
5 the history of the accident given by the employee, and
6 describe the injury and medical diagnosis, the medical
7 services for such injury which the employee has received
8 and is receiving, the physical activities which the
9 employee cannot currently perform as a result of any
10 impairment or disability due to such injury, and the
11 prognosis for recovery;

12 (xi) complete copies of any reports, records,
13 documents and affidavits in the possession of the employee
14 on which the employee will rely to support his
15 allegations, provided that the employer shall pay the
16 reasonable cost of reproduction thereof;

17 (xii) a list of any reports, records, documents and
18 affidavits which the employee has demanded by subpoena and
19 on which he intends to rely to support his allegations;

20 (xiii) a certification signed by the employee or his
21 representative that the employer has received the petition
22 with the required information 15 days before filing.

23 Fifteen days after receipt by the employer of the petition
24 with the required information the employee may file said
25 petition and required information and shall serve notice of
26 the filing upon the employer. The employer may file a motion

1 addressed to the sufficiency of the petition. If an objection
2 has been filed to the sufficiency of the petition, the
3 arbitrator shall rule on the objection within 2 working days.
4 If such an objection is filed, the time for filing the final
5 decision of the Commission as provided in this paragraph shall
6 be tolled until the arbitrator has determined that the
7 petition is sufficient.

8 The employer shall, within 15 days after receipt of the
9 notice that such petition is filed, file with the Commission
10 and serve on the employee or his representative a written
11 response to each claim set forth in the petition, including
12 the legal and factual basis for each disputed allegation and
13 the following information: (i) complete copies of any reports,
14 records, documents and affidavits in the possession of the
15 employer on which the employer intends to rely in support of
16 his response, (ii) a list of any reports, records, documents
17 and affidavits which the employer has demanded by subpoena and
18 on which the employer intends to rely in support of his
19 response, (iii) the name and address of each witness on whom
20 the employer will rely to support his response, and (iv) the
21 names and addresses of any medical practitioners selected by
22 the employer pursuant to Section 12 of this Act and the time
23 and place of any examination scheduled to be made pursuant to
24 such Section.

25 Any employer who does not timely file and serve a written
26 response without good cause may not introduce any evidence to

1 dispute any claim of the employee but may cross examine the
2 employee or any witness brought by the employee and otherwise
3 be heard.

4 No document or other evidence not previously identified by
5 either party with the petition or written response, or by any
6 other means before the hearing, may be introduced into
7 evidence without good cause. If, at the hearing, material
8 information is discovered which was not previously disclosed,
9 the Arbitrator may extend the time for closing proof on the
10 motion of a party for a reasonable period of time which may be
11 more than 30 days. No evidence may be introduced pursuant to
12 this paragraph as to permanent disability. No award may be
13 entered for permanent disability pursuant to this paragraph.
14 Either party may introduce into evidence the testimony taken
15 by deposition of any medical practitioner.

16 The Commission shall adopt rules, regulations and
17 procedures whereby the final decision of the Commission is
18 filed not later than 90 days from the date the petition for
19 review is filed but in no event later than 180 days from the
20 date the petition for an emergency hearing is filed with the
21 Illinois Workers' Compensation Commission.

22 All service required pursuant to this paragraph (b-1) must
23 be by personal service or by certified mail and with evidence
24 of receipt. In addition for the purposes of this paragraph,
25 all service on the employer must be at the premises where the
26 accident occurred if the premises are owned or operated by the

1 employer. Otherwise service must be at the employee's
2 principal place of employment by the employer. If service on
3 the employer is not possible at either of the above, then
4 service shall be at the employer's principal place of
5 business. After initial service in each case, service shall be
6 made on the employer's attorney or designated representative.

7 (c) (1) At a reasonable time in advance of and in
8 connection with the hearing under Section 19(e) or 19(h), the
9 Commission may on its own motion order an impartial physical
10 or mental examination of a petitioner whose mental or physical
11 condition is in issue, when in the Commission's discretion it
12 appears that such an examination will materially aid in the
13 just determination of the case. The examination shall be made
14 by a member or members of a panel of physicians chosen for
15 their special qualifications by the Illinois State Medical
16 Society. The Commission shall establish procedures by which a
17 physician shall be selected from such list.

18 (2) Should the Commission at any time during the hearing
19 find that compelling considerations make it advisable to have
20 an examination and report at that time, the commission may in
21 its discretion so order.

22 (3) A copy of the report of examination shall be given to
23 the Commission and to the attorneys for the parties.

24 (4) Either party or the Commission may call the examining
25 physician or physicians to testify. Any physician so called
26 shall be subject to cross-examination.

1 (5) The examination shall be made, and the physician or
2 physicians, if called, shall testify, without cost to the
3 parties. The Commission shall determine the compensation and
4 the pay of the physician or physicians. The compensation for
5 this service shall not exceed the usual and customary amount
6 for such service.

7 (6) The fees and payment thereof of all attorneys and
8 physicians for services authorized by the Commission under
9 this Act shall, upon request of either the employer or the
10 employee or the beneficiary affected, be subject to the review
11 and decision of the Commission.

12 (d) If any employee shall persist in insanitary or
13 injurious practices which tend to either imperil or retard his
14 recovery or shall refuse to submit to such medical, surgical,
15 or hospital treatment as is reasonably essential to promote
16 his recovery, the Commission may, in its discretion, reduce or
17 suspend the compensation of any such injured employee.
18 However, when an employer and employee so agree in writing,
19 the foregoing provision shall not be construed to authorize
20 the reduction or suspension of compensation of an employee who
21 is relying in good faith, on treatment by prayer or spiritual
22 means alone, in accordance with the tenets and practice of a
23 recognized church or religious denomination, by a duly
24 accredited practitioner thereof.

25 (e) This paragraph shall apply to all hearings before the
26 Commission. Such hearings may be held in its office or

1 elsewhere as the Commission may deem advisable. The taking of
2 testimony on such hearings may be had before any member of the
3 Commission. If a petition for review and agreed statement of
4 facts or transcript of evidence is filed, as provided herein,
5 the Commission shall promptly review the decision of the
6 Arbitrator and all questions of law or fact which appear from
7 the statement of facts or transcript of evidence.

8 In all cases in which the hearing before the arbitrator is
9 held after December 18, 1989, no additional evidence shall be
10 introduced by the parties before the Commission on review of
11 the decision of the Arbitrator. In reviewing decisions of an
12 arbitrator the Commission shall award such temporary
13 compensation, permanent compensation and other payments as are
14 due under this Act. The Commission shall file in its office its
15 decision thereon, and shall immediately send to each party or
16 his attorney a copy of such decision and a notification of the
17 time when it was filed. Decisions shall be filed within 60 days
18 after the Statement of Exceptions and Supporting Brief and
19 Response thereto are required to be filed or oral argument
20 whichever is later.

21 In the event either party requests oral argument, such
22 argument shall be had before a panel of 3 members of the
23 Commission (or before all available members pursuant to the
24 determination of 7 members of the Commission that such
25 argument be held before all available members of the
26 Commission) pursuant to the rules and regulations of the

1 Commission. A panel of 3 members, which shall be comprised of
2 not more than one representative citizen of the employing
3 class and not more than one representative from a labor
4 organization recognized under the National Labor Relations Act
5 or an attorney who has represented labor organizations or has
6 represented employees in workers' compensation cases, shall
7 hear the argument; provided that if all the issues in dispute
8 are solely the nature and extent of the permanent partial
9 disability, if any, a majority of the panel may deny the
10 request for such argument and such argument shall not be held;
11 and provided further that 7 members of the Commission may
12 determine that the argument be held before all available
13 members of the Commission. A decision of the Commission shall
14 be approved by a majority of Commissioners present at such
15 hearing if any; provided, if no such hearing is held, a
16 decision of the Commission shall be approved by a majority of a
17 panel of 3 members of the Commission as described in this
18 Section. The Commission shall give 10 days' notice to the
19 parties or their attorneys of the time and place of such taking
20 of testimony and of such argument.

21 In any case the Commission in its decision may find
22 specially upon any question or questions of law or fact which
23 shall be submitted in writing by either party whether ultimate
24 or otherwise; provided that on issues other than nature and
25 extent of the disability, if any, the Commission in its
26 decision shall find specially upon any question or questions

1 of law or fact, whether ultimate or otherwise, which are
2 submitted in writing by either party; provided further that
3 not more than 5 such questions may be submitted by either
4 party. Any party may, within 20 days after receipt of notice of
5 the Commission's decision, or within such further time, not
6 exceeding 30 days, as the Commission may grant, file with the
7 Commission either an agreed statement of the facts appearing
8 upon the hearing, or, if such party shall so elect, a correct
9 transcript of evidence of the additional proceedings presented
10 before the Commission, in which report the party may embody a
11 correct statement of such other proceedings in the case as
12 such party may desire to have reviewed, such statement of
13 facts or transcript of evidence to be authenticated by the
14 signature of the parties or their attorneys, and in the event
15 that they do not agree, then the authentication of such
16 transcript of evidence shall be by the signature of any member
17 of the Commission.

18 If a reporter does not for any reason furnish a transcript
19 of the proceedings before the Arbitrator in any case for use on
20 a hearing for review before the Commission, within the
21 limitations of time as fixed in this Section, the Commission
22 may, in its discretion, order a trial de novo before the
23 Commission in such case upon application of either party. The
24 applications for adjustment of claim and other documents in
25 the nature of pleadings filed by either party, together with
26 the decisions of the Arbitrator and of the Commission and the

1 statement of facts or transcript of evidence hereinbefore
2 provided for in paragraphs (b) and (c) shall be the record of
3 the proceedings of the Commission, and shall be subject to
4 review as hereinafter provided.

5 At the request of either party or on its own motion, the
6 Commission shall set forth in writing the reasons for the
7 decision, including findings of fact and conclusions of law
8 separately stated. The Commission shall by rule adopt a format
9 for written decisions for the Commission and arbitrators. The
10 written decisions shall be concise and shall succinctly state
11 the facts and reasons for the decision. The Commission may
12 adopt in whole or in part, the decision of the arbitrator as
13 the decision of the Commission. When the Commission does so
14 adopt the decision of the arbitrator, it shall do so by order.
15 Whenever the Commission adopts part of the arbitrator's
16 decision, but not all, it shall include in the order the
17 reasons for not adopting all of the arbitrator's decision.
18 When a majority of a panel, after deliberation, has arrived at
19 its decision, the decision shall be filed as provided in this
20 Section without unnecessary delay, and without regard to the
21 fact that a member of the panel has expressed an intention to
22 dissent. Any member of the panel may file a dissent. Any
23 dissent shall be filed no later than 10 days after the decision
24 of the majority has been filed.

25 Decisions rendered by the Commission and dissents, if any,
26 shall be published together by the Commission. The conclusions

1 of law set out in such decisions shall be regarded as
2 precedents by arbitrators for the purpose of achieving a more
3 uniform administration of this Act.

4 (f) The decision of the Commission acting within its
5 powers, according to the provisions of paragraph (e) of this
6 Section shall, in the absence of fraud, be conclusive unless
7 reviewed as in this paragraph hereinafter provided. However,
8 the Arbitrator or the Commission may on his or its own motion,
9 or on the motion of either party, correct any clerical error or
10 errors in computation within 15 days after the date of receipt
11 of any award by such Arbitrator or any decision on review of
12 the Commission and shall have the power to recall the original
13 award on arbitration or decision on review, and issue in lieu
14 thereof such corrected award or decision. Where such
15 correction is made the time for review herein specified shall
16 begin to run from the date of the receipt of the corrected
17 award or decision.

18 (1) Except in cases of claims against the State of
19 Illinois other than those claims under Section 18.1, in
20 which case the decision of the Commission shall not be
21 subject to judicial review, the Circuit Court of the
22 county where any of the parties defendant may be found, or
23 if none of the parties defendant can be found in this State
24 then the Circuit Court of the county where the accident
25 occurred, shall by summons to the Commission have power to
26 review all questions of law and fact presented by such

1 record.

2 A proceeding for review shall be commenced within 20
3 days of the receipt of notice of the decision of the
4 Commission. The summons shall be issued by the clerk of
5 such court upon written request returnable on a designated
6 return day, not less than 10 or more than 60 days from the
7 date of issuance thereof, and the written request shall
8 contain the last known address of other parties in
9 interest and their attorneys of record who are to be
10 served by summons. Service upon any member of the
11 Commission or the Secretary or the Assistant Secretary
12 thereof shall be service upon the Commission, and service
13 upon other parties in interest and their attorneys of
14 record shall be by summons, and such service shall be made
15 upon the Commission and other parties in interest by
16 mailing notices of the commencement of the proceedings and
17 the return day of the summons to the office of the
18 Commission and to the last known place of residence of
19 other parties in interest or their attorney or attorneys
20 of record. The clerk of the court issuing the summons
21 shall on the day of issue mail notice of the commencement
22 of the proceedings which shall be done by mailing a copy of
23 the summons to the office of the Commission, and a copy of
24 the summons to the other parties in interest or their
25 attorney or attorneys of record and the clerk of the court
26 shall make certificate that he has so sent said notices in

1 pursuance of this Section, which shall be evidence of
2 service on the Commission and other parties in interest.

3 The Commission shall not be required to certify the
4 record of their proceedings to the Circuit Court, unless
5 the party commencing the proceedings for review in the
6 Circuit Court as above provided, shall file with the
7 Commission notice of intent to file for review in Circuit
8 Court. It shall be the duty of the Commission upon such
9 filing of notice of intent to file for review in the
10 Circuit Court to prepare a true and correct copy of such
11 testimony and a true and correct copy of all other matters
12 contained in such record and certified to by the Secretary
13 or Assistant Secretary thereof. The changes made to this
14 subdivision (f)(1) by this amendatory Act of the 98th
15 General Assembly apply to any Commission decision entered
16 after the effective date of this amendatory Act of the
17 98th General Assembly.

18 No request for a summons may be filed and no summons
19 shall issue unless the party seeking to review the
20 decision of the Commission shall exhibit to the clerk of
21 the Circuit Court proof of filing with the Commission of
22 the notice of the intent to file for review in the Circuit
23 Court or an affidavit of the attorney setting forth that
24 notice of intent to file for review in the Circuit Court
25 has been given in writing to the Secretary or Assistant
26 Secretary of the Commission.

1 (2) No such summons shall issue unless the one against
2 whom the Commission shall have rendered an award for the
3 payment of money shall upon the filing of his written
4 request for such summons file with the clerk of the court a
5 bond conditioned that if he shall not successfully
6 prosecute the review, he will pay the award and the costs
7 of the proceedings in the courts. The amount of the bond
8 shall be fixed by any member of the Commission and the
9 surety or sureties of the bond shall be approved by the
10 clerk of the court. The acceptance of the bond by the clerk
11 of the court shall constitute evidence of his approval of
12 the bond.

13 The following ~~Every county, city, town, township,~~
14 ~~incorporated village, school district, body politic or~~
15 ~~municipal corporation against whom the Commission shall~~
16 ~~have rendered an award for the payment of money~~ shall not
17 be required to file a bond to secure the payment of the
18 award and the costs of the proceedings in the court to
19 authorize the court to issue such summons:—

20 (1) the State Treasurer, for a fund administered
21 by the State Treasurer ex officio against whom the
22 Commission shall have rendered an award for the
23 payment of money; and

24 (2) a county, city, town, township, incorporated
25 village, school district, body politic, or municipal
26 corporation against whom the Commission shall have

1 rendered an award for the payment of money.

2 The court may confirm or set aside the decision of the
3 Commission. If the decision is set aside and the facts
4 found in the proceedings before the Commission are
5 sufficient, the court may enter such decision as is
6 justified by law, or may remand the cause to the
7 Commission for further proceedings and may state the
8 questions requiring further hearing, and give such other
9 instructions as may be proper. Appeals shall be taken to
10 the Appellate Court in accordance with Supreme Court Rules
11 22(g) and 303. Appeals shall be taken from the Appellate
12 Court to the Supreme Court in accordance with Supreme
13 Court Rule 315.

14 It shall be the duty of the clerk of any court
15 rendering a decision affecting or affirming an award of
16 the Commission to promptly furnish the Commission with a
17 copy of such decision, without charge.

18 The decision of a majority of the members of the panel
19 of the Commission, shall be considered the decision of the
20 Commission.

21 (g) Except in the case of a claim against the State of
22 Illinois, either party may present a certified copy of the
23 award of the Arbitrator, or a certified copy of the decision of
24 the Commission when the same has become final, when no
25 proceedings for review are pending, providing for the payment
26 of compensation according to this Act, to the Circuit Court of

1 the county in which such accident occurred or either of the
2 parties are residents, whereupon the court shall enter a
3 judgment in accordance therewith. In a case where the employer
4 refuses to pay compensation according to such final award or
5 such final decision upon which such judgment is entered the
6 court shall in entering judgment thereon, tax as costs against
7 him the reasonable costs and attorney fees in the arbitration
8 proceedings and in the court entering the judgment for the
9 person in whose favor the judgment is entered, which judgment
10 and costs taxed as therein provided shall, until and unless
11 set aside, have the same effect as though duly entered in an
12 action duly tried and determined by the court, and shall with
13 like effect, be entered and docketed. The Circuit Court shall
14 have power at any time upon application to make any such
15 judgment conform to any modification required by any
16 subsequent decision of the Supreme Court upon appeal, or as
17 the result of any subsequent proceedings for review, as
18 provided in this Act.

19 Judgment shall not be entered until 15 days' notice of the
20 time and place of the application for the entry of judgment
21 shall be served upon the employer by filing such notice with
22 the Commission, which Commission shall, in case it has on file
23 the address of the employer or the name and address of its
24 agent upon whom notices may be served, immediately send a copy
25 of the notice to the employer or such designated agent.

26 (h) An agreement or award under this Act providing for

1 compensation in installments, may at any time within 18 months
2 after such agreement or award be reviewed by the Commission at
3 the request of either the employer or the employee, on the
4 ground that the disability of the employee has subsequently
5 recurred, increased, diminished or ended.

6 However, as to accidents occurring subsequent to July 1,
7 1955, which are covered by any agreement or award under this
8 Act providing for compensation in installments made as a
9 result of such accident, such agreement or award may at any
10 time within 30 months, or 60 months in the case of an award
11 under Section 8(d)1, after such agreement or award be reviewed
12 by the Commission at the request of either the employer or the
13 employee on the ground that the disability of the employee has
14 subsequently recurred, increased, diminished or ended.

15 On such review, compensation payments may be
16 re-established, increased, diminished or ended. The Commission
17 shall give 15 days' notice to the parties of the hearing for
18 review. Any employee, upon any petition for such review being
19 filed by the employer, shall be entitled to one day's notice
20 for each 100 miles necessary to be traveled by him in attending
21 the hearing of the Commission upon the petition, and 3 days in
22 addition thereto. Such employee shall, at the discretion of
23 the Commission, also be entitled to 5 cents per mile
24 necessarily traveled by him within the State of Illinois in
25 attending such hearing, not to exceed a distance of 300 miles,
26 to be taxed by the Commission as costs and deposited with the

1 petition of the employer.

2 When compensation which is payable in accordance with an
3 award or settlement contract approved by the Commission, is
4 ordered paid in a lump sum by the Commission, no review shall
5 be had as in this paragraph mentioned.

6 (i) Each party, upon taking any proceedings or steps
7 whatsoever before any Arbitrator, Commission or court, shall
8 file with the Commission his address, or the name and address
9 of any agent upon whom all notices to be given to such party
10 shall be served, either personally or by registered mail,
11 addressed to such party or agent at the last address so filed
12 with the Commission. In the event such party has not filed his
13 address, or the name and address of an agent as above provided,
14 service of any notice may be had by filing such notice with the
15 Commission.

16 (j) Whenever in any proceeding testimony has been taken or
17 a final decision has been rendered and after the taking of such
18 testimony or after such decision has become final, the injured
19 employee dies, then in any subsequent proceedings brought by
20 the personal representative or beneficiaries of the deceased
21 employee, such testimony in the former proceeding may be
22 introduced with the same force and effect as though the
23 witness having so testified were present in person in such
24 subsequent proceedings and such final decision, if any, shall
25 be taken as final adjudication of any of the issues which are
26 the same in both proceedings.

1 (k) In case where there has been any unreasonable or
2 vexatious delay of payment or intentional underpayment of
3 compensation, or proceedings have been instituted or carried
4 on by the one liable to pay the compensation, which do not
5 present a real controversy, but are merely frivolous or for
6 delay, then the Commission may award compensation additional
7 to that otherwise payable under this Act equal to 50% of the
8 amount payable at the time of such award. Failure to pay
9 compensation in accordance with the provisions of Section 8,
10 paragraph (b) of this Act, shall be considered unreasonable
11 delay.

12 When determining whether this subsection (k) shall apply,
13 the Commission shall consider whether an Arbitrator has
14 determined that the claim is not compensable or whether the
15 employer has made payments under Section 8(j).

16 (l) If the employee has made written demand for payment of
17 benefits under Section 8(a) or Section 8(b), the employer
18 shall have 14 days after receipt of the demand to set forth in
19 writing the reason for the delay. In the case of demand for
20 payment of medical benefits under Section 8(a), the time for
21 the employer to respond shall not commence until the
22 expiration of the allotted 30 days specified under Section
23 8.2(d). In case the employer or his or her insurance carrier
24 shall without good and just cause fail, neglect, refuse, or
25 unreasonably delay the payment of benefits under Section 8(a)
26 or Section 8(b), the Arbitrator or the Commission shall allow

1 to the employee additional compensation in the sum of \$30 per
2 day for each day that the benefits under Section 8(a) or
3 Section 8(b) have been so withheld or refused, not to exceed
4 \$10,000. A delay in payment of 14 days or more shall create a
5 rebuttable presumption of unreasonable delay.

6 (m) If the commission finds that an accidental injury was
7 directly and proximately caused by the employer's wilful
8 violation of a health and safety standard under the Health and
9 Safety Act or the Occupational Safety and Health Act in force
10 at the time of the accident, the arbitrator or the Commission
11 shall allow to the injured employee or his dependents, as the
12 case may be, additional compensation equal to 25% of the
13 amount which otherwise would be payable under the provisions
14 of this Act exclusive of this paragraph. The additional
15 compensation herein provided shall be allowed by an
16 appropriate increase in the applicable weekly compensation
17 rate.

18 (n) After June 30, 1984, decisions of the Illinois
19 Workers' Compensation Commission reviewing an award of an
20 arbitrator of the Commission shall draw interest at a rate
21 equal to the yield on indebtedness issued by the United States
22 Government with a 26-week maturity next previously auctioned
23 on the day on which the decision is filed. Said rate of
24 interest shall be set forth in the Arbitrator's Decision.
25 Interest shall be drawn from the date of the arbitrator's
26 award on all accrued compensation due the employee through the

1 day prior to the date of payments. However, when an employee
2 appeals an award of an Arbitrator or the Commission, and the
3 appeal results in no change or a decrease in the award,
4 interest shall not further accrue from the date of such
5 appeal.

6 The employer or his insurance carrier may tender the
7 payments due under the award to stop the further accrual of
8 interest on such award notwithstanding the prosecution by
9 either party of review, certiorari, appeal to the Supreme
10 Court or other steps to reverse, vacate or modify the award.

11 (o) By the 15th day of each month each insurer providing
12 coverage for losses under this Act shall notify each insured
13 employer of any compensable claim incurred during the
14 preceding month and the amounts paid or reserved on the claim
15 including a summary of the claim and a brief statement of the
16 reasons for compensability. A cumulative report of all claims
17 incurred during a calendar year or continued from the previous
18 year shall be furnished to the insured employer by the insurer
19 within 30 days after the end of that calendar year.

20 The insured employer may challenge, in proceeding before
21 the Commission, payments made by the insurer without
22 arbitration and payments made after a case is determined to be
23 noncompensable. If the Commission finds that the case was not
24 compensable, the insurer shall purge its records as to that
25 employer of any loss or expense associated with the claim,
26 reimburse the employer for attorneys' fees arising from the

1 challenge and for any payment required of the employer to the
2 Rate Adjustment Fund or the Second Injury Fund, and may not
3 reflect the loss or expense for rate making purposes. The
4 employee shall not be required to refund the challenged
5 payment. The decision of the Commission may be reviewed in the
6 same manner as in arbitrated cases. No challenge may be
7 initiated under this paragraph more than 3 years after the
8 payment is made. An employer may waive the right of challenge
9 under this paragraph on a case by case basis.

10 (p) After filing an application for adjustment of claim
11 but prior to the hearing on arbitration the parties may
12 voluntarily agree to submit such application for adjustment of
13 claim for decision by an arbitrator under this subsection (p)
14 where such application for adjustment of claim raises only a
15 dispute over temporary total disability, permanent partial
16 disability or medical expenses. Such agreement shall be in
17 writing in such form as provided by the Commission.
18 Applications for adjustment of claim submitted for decision by
19 an arbitrator under this subsection (p) shall proceed
20 according to rule as established by the Commission. The
21 Commission shall promulgate rules including, but not limited
22 to, rules to ensure that the parties are adequately informed
23 of their rights under this subsection (p) and of the voluntary
24 nature of proceedings under this subsection (p). The findings
25 of fact made by an arbitrator acting within his or her powers
26 under this subsection (p) in the absence of fraud shall be

1 conclusive. However, the arbitrator may on his own motion, or
2 the motion of either party, correct any clerical errors or
3 errors in computation within 15 days after the date of receipt
4 of such award of the arbitrator and shall have the power to
5 recall the original award on arbitration, and issue in lieu
6 thereof such corrected award. The decision of the arbitrator
7 under this subsection (p) shall be considered the decision of
8 the Commission and proceedings for review of questions of law
9 arising from the decision may be commenced by either party
10 pursuant to subsection (f) of Section 19. The Advisory Board
11 established under Section 13.1 shall compile a list of
12 certified Commission arbitrators, each of whom shall be
13 approved by at least 7 members of the Advisory Board. The
14 chairman shall select 5 persons from such list to serve as
15 arbitrators under this subsection (p). By agreement, the
16 parties shall select one arbitrator from among the 5 persons
17 selected by the chairman except that if the parties do not
18 agree on an arbitrator from among the 5 persons, the parties
19 may, by agreement, select an arbitrator of the American
20 Arbitration Association, whose fee shall be paid by the State
21 in accordance with rules promulgated by the Commission.
22 Arbitration under this subsection (p) shall be voluntary.

23 (Source: P.A. 101-384, eff. 1-1-20.)

24 Section 45. The Workers' Occupational Diseases Act is
25 amended by changing Section 19 as follows:

1 (820 ILCS 310/19) (from Ch. 48, par. 172.54)

2 Sec. 19. Any disputed questions of law or fact shall be
3 determined as herein provided.

4 (a) It shall be the duty of the Commission upon
5 notification that the parties have failed to reach an
6 agreement to designate an Arbitrator.

7 (1) The application for adjustment of claim filed with
8 the Commission shall state:

9 A. The approximate date of the last day of the last
10 exposure and the approximate date of the disablement.

11 B. The general nature and character of the illness
12 or disease claimed.

13 C. The name and address of the employer by whom
14 employed on the last day of the last exposure and if
15 employed by any other employer after such last
16 exposure and before disablement the name and address
17 of such other employer or employers.

18 D. In case of death, the date and place of death.

19 (2) Amendments to applications for adjustment of claim
20 which relate to the same disablement or disablement
21 resulting in death originally claimed upon may be allowed
22 by the Commissioner or an Arbitrator thereof, in their
23 discretion, and in the exercise of such discretion, they
24 may in proper cases order a trial de novo; such amendment
25 shall relate back to the date of the filing of the original

1 application so amended.

2 (3) Whenever any claimant misconceives his remedy and
3 files an application for adjustment of claim under this
4 Act and it is subsequently discovered, at any time before
5 final disposition of such cause, that the claim for
6 disability or death which was the basis for such
7 application should properly have been made under the
8 Workers' Compensation Act, then the provisions of Section
9 19 paragraph (a-1) of the Workers' Compensation Act having
10 reference to such application shall apply.

11 Whenever any claimant misconceives his remedy and
12 files an application for adjustment of claim under the
13 Workers' Compensation Act and it is subsequently
14 discovered, at any time before final disposition of such
15 cause that the claim for injury or death which was the
16 basis for such application should properly have been made
17 under this Act, then the application so filed under the
18 Workers' Compensation Act may be amended in form,
19 substance or both to assert claim for such disability or
20 death under this Act and it shall be deemed to have been so
21 filed as amended on the date of the original filing
22 thereof, and such compensation may be awarded as is
23 warranted by the whole evidence pursuant to the provisions
24 of this Act. When such amendment is submitted, further or
25 additional evidence may be heard by the Arbitrator or
26 Commission when deemed necessary; provided, that nothing

1 in this Section contained shall be construed to be or
2 permit a waiver of any provisions of this Act with
3 reference to notice, but notice if given shall be deemed
4 to be a notice under the provisions of this Act if given
5 within the time required herein.

6 (b) The Arbitrator shall make such inquiries and
7 investigations as he shall deem necessary and may examine and
8 inspect all books, papers, records, places, or premises
9 relating to the questions in dispute and hear such proper
10 evidence as the parties may submit.

11 The hearings before the Arbitrator shall be held in the
12 vicinity where the last exposure occurred, after 10 days'
13 notice of the time and place of such hearing shall have been
14 given to each of the parties or their attorneys of record.

15 The Arbitrator may find that the disabling condition is
16 temporary and has not yet reached a permanent condition and
17 may order the payment of compensation up to the date of the
18 hearing, which award shall be reviewable and enforceable in
19 the same manner as other awards, and in no instance be a bar to
20 a further hearing and determination of a further amount of
21 temporary total compensation or of compensation for permanent
22 disability, but shall be conclusive as to all other questions
23 except the nature and extent of such disability.

24 The decision of the Arbitrator shall be filed with the
25 Commission which Commission shall immediately send to each
26 party or his attorney a copy of such decision, together with a

1 notification of the time when it was filed. As of the effective
2 date of this amendatory Act of the 94th General Assembly, all
3 decisions of the Arbitrator shall set forth in writing
4 findings of fact and conclusions of law, separately stated, if
5 requested by either party. Unless a petition for review is
6 filed by either party within 30 days after the receipt by such
7 party of the copy of the decision and notification of time when
8 filed, and unless such party petitioning for a review shall
9 within 35 days after the receipt by him of the copy of the
10 decision, file with the Commission either an agreed statement
11 of the facts appearing upon the hearing before the Arbitrator,
12 or if such party shall so elect a correct transcript of
13 evidence of the proceedings at such hearings, then the
14 decision shall become the decision of the Commission and in
15 the absence of fraud shall be conclusive. The Petition for
16 Review shall contain a statement of the petitioning party's
17 specific exceptions to the decision of the arbitrator. The
18 jurisdiction of the Commission to review the decision of the
19 arbitrator shall not be limited to the exceptions stated in
20 the Petition for Review. The Commission, or any member
21 thereof, may grant further time not exceeding 30 days, in
22 which to file such agreed statement or transcript of evidence.
23 Such agreed statement of facts or correct transcript of
24 evidence, as the case may be, shall be authenticated by the
25 signatures of the parties or their attorneys, and in the event
26 they do not agree as to the correctness of the transcript of

1 evidence it shall be authenticated by the signature of the
2 Arbitrator designated by the Commission.

3 Whether the employee is working or not, if the employee is
4 not receiving or has not received medical, surgical, or
5 hospital services or other services or compensation as
6 provided in paragraph (a) of Section 8 of the Workers'
7 Compensation Act, or compensation as provided in paragraph (b)
8 of Section 8 of the Workers' Compensation Act, the employee
9 may at any time petition for an expedited hearing by an
10 Arbitrator on the issue of whether or not he or she is entitled
11 to receive payment of the services or compensation. Provided
12 the employer continues to pay compensation pursuant to
13 paragraph (b) of Section 8 of the Workers' Compensation Act,
14 the employer may at any time petition for an expedited hearing
15 on the issue of whether or not the employee is entitled to
16 receive medical, surgical, or hospital services or other
17 services or compensation as provided in paragraph (a) of
18 Section 8 of the Workers' Compensation Act, or compensation as
19 provided in paragraph (b) of Section 8 of the Workers'
20 Compensation Act. When an employer has petitioned for an
21 expedited hearing, the employer shall continue to pay
22 compensation as provided in paragraph (b) of Section 8 of the
23 Workers' Compensation Act unless the arbitrator renders a
24 decision that the employee is not entitled to the benefits
25 that are the subject of the expedited hearing or unless the
26 employee's treating physician has released the employee to

1 return to work at his or her regular job with the employer or
2 the employee actually returns to work at any other job. If the
3 arbitrator renders a decision that the employee is not
4 entitled to the benefits that are the subject of the expedited
5 hearing, a petition for review filed by the employee shall
6 receive the same priority as if the employee had filed a
7 petition for an expedited hearing by an arbitrator. Neither
8 party shall be entitled to an expedited hearing when the
9 employee has returned to work and the sole issue in dispute
10 amounts to less than 12 weeks of unpaid compensation pursuant
11 to paragraph (b) of Section 8 of the Workers' Compensation
12 Act.

13 Expedited hearings shall have priority over all other
14 petitions and shall be heard by the Arbitrator and Commission
15 with all convenient speed. Any party requesting an expedited
16 hearing shall give notice of a request for an expedited
17 hearing under this paragraph. A copy of the Application for
18 Adjustment of Claim shall be attached to the notice. The
19 Commission shall adopt rules and procedures under which the
20 final decision of the Commission under this paragraph is filed
21 not later than 180 days from the date that the Petition for
22 Review is filed with the Commission.

23 Where 2 or more insurance carriers, private self-insureds,
24 or a group workers' compensation pool under Article V 3/4 of
25 the Illinois Insurance Code dispute coverage for the same
26 disease, any such insurance carrier, private self-insured, or

1 group workers' compensation pool may request an expedited
2 hearing pursuant to this paragraph to determine the issue of
3 coverage, provided coverage is the only issue in dispute and
4 all other issues are stipulated and agreed to and further
5 provided that all compensation benefits including medical
6 benefits pursuant to Section 8(a) of the Workers' Compensation
7 Act continue to be paid to or on behalf of petitioner. Any
8 insurance carrier, private self-insured, or group workers'
9 compensation pool that is determined to be liable for coverage
10 for the disease in issue shall reimburse any insurance
11 carrier, private self-insured, or group workers' compensation
12 pool that has paid benefits to or on behalf of petitioner for
13 the disease.

14 (b-1) If the employee is not receiving, pursuant to
15 Section 7, medical, surgical or hospital services of the type
16 provided for in paragraph (a) of Section 8 of the Workers'
17 Compensation Act or compensation of the type provided for in
18 paragraph (b) of Section 8 of the Workers' Compensation Act,
19 the employee, in accordance with Commission Rules, may file a
20 petition for an emergency hearing by an Arbitrator on the
21 issue of whether or not he is entitled to receive payment of
22 such compensation or services as provided therein. Such
23 petition shall have priority over all other petitions and
24 shall be heard by the Arbitrator and Commission with all
25 convenient speed.

26 Such petition shall contain the following information and

1 shall be served on the employer at least 15 days before it is
2 filed:

3 (i) the date and approximate time of the last
4 exposure;

5 (ii) the approximate location of the last exposure;

6 (iii) a description of the last exposure;

7 (iv) the nature of the disability incurred by the
8 employee;

9 (v) the identity of the person, if known, to whom the
10 disability was reported and the date on which it was
11 reported;

12 (vi) the name and title of the person, if known,
13 representing the employer with whom the employee conferred
14 in any effort to obtain pursuant to Section 7 compensation
15 of the type provided for in paragraph (b) of Section 8 of
16 the Workers' Compensation Act or medical, surgical or
17 hospital services of the type provided for in paragraph
18 (a) of Section 8 of the Workers' Compensation Act and the
19 date of such conference;

20 (vii) a statement that the employer has refused to pay
21 compensation pursuant to Section 7 of the type provided
22 for in paragraph (b) of Section 8 of the Workers'
23 Compensation Act or for medical, surgical or hospital
24 services pursuant to Section 7 of the type provided for in
25 paragraph (a) of Section 8 of the Workers' Compensation
26 Act;

1 (viii) the name and address, if known, of each witness
2 to the last exposure and of each other person upon whom the
3 employee will rely to support his allegations;

4 (ix) the dates of treatment related to the disability
5 by medical practitioners, and the names and addresses of
6 such practitioners, including the dates of treatment
7 related to the disability at any hospitals and the names
8 and addresses of such hospitals, and a signed
9 authorization permitting the employer to examine all
10 medical records of all practitioners and hospitals named
11 pursuant to this paragraph;

12 (x) a copy of a signed report by a medical
13 practitioner, relating to the employee's current inability
14 to return to work because of the disability incurred as a
15 result of the exposure or such other documents or
16 affidavits which show that the employee is entitled to
17 receive pursuant to Section 7 compensation of the type
18 provided for in paragraph (b) of Section 8 of the Workers'
19 Compensation Act or medical, surgical or hospital services
20 of the type provided for in paragraph (a) of Section 8 of
21 the Workers' Compensation Act. Such reports, documents or
22 affidavits shall state, if possible, the history of the
23 exposure given by the employee, and describe the
24 disability and medical diagnosis, the medical services for
25 such disability which the employee has received and is
26 receiving, the physical activities which the employee

1 cannot currently perform as a result of such disability,
2 and the prognosis for recovery;

3 (xi) complete copies of any reports, records,
4 documents and affidavits in the possession of the employee
5 on which the employee will rely to support his
6 allegations, provided that the employer shall pay the
7 reasonable cost of reproduction thereof;

8 (xii) a list of any reports, records, documents and
9 affidavits which the employee has demanded by subpoena and
10 on which he intends to rely to support his allegations;

11 (xiii) a certification signed by the employee or his
12 representative that the employer has received the petition
13 with the required information 15 days before filing.

14 Fifteen days after receipt by the employer of the petition
15 with the required information the employee may file said
16 petition and required information and shall serve notice of
17 the filing upon the employer. The employer may file a motion
18 addressed to the sufficiency of the petition. If an objection
19 has been filed to the sufficiency of the petition, the
20 arbitrator shall rule on the objection within 2 working days.
21 If such an objection is filed, the time for filing the final
22 decision of the Commission as provided in this paragraph shall
23 be tolled until the arbitrator has determined that the
24 petition is sufficient.

25 The employer shall, within 15 days after receipt of the
26 notice that such petition is filed, file with the Commission

1 and serve on the employee or his representative a written
2 response to each claim set forth in the petition, including
3 the legal and factual basis for each disputed allegation and
4 the following information: (i) complete copies of any reports,
5 records, documents and affidavits in the possession of the
6 employer on which the employer intends to rely in support of
7 his response, (ii) a list of any reports, records, documents
8 and affidavits which the employer has demanded by subpoena and
9 on which the employer intends to rely in support of his
10 response, (iii) the name and address of each witness on whom
11 the employer will rely to support his response, and (iv) the
12 names and addresses of any medical practitioners selected by
13 the employer pursuant to Section 12 of this Act and the time
14 and place of any examination scheduled to be made pursuant to
15 such Section.

16 Any employer who does not timely file and serve a written
17 response without good cause may not introduce any evidence to
18 dispute any claim of the employee but may cross examine the
19 employee or any witness brought by the employee and otherwise
20 be heard.

21 No document or other evidence not previously identified by
22 either party with the petition or written response, or by any
23 other means before the hearing, may be introduced into
24 evidence without good cause. If, at the hearing, material
25 information is discovered which was not previously disclosed,
26 the Arbitrator may extend the time for closing proof on the

1 motion of a party for a reasonable period of time which may be
2 more than 30 days. No evidence may be introduced pursuant to
3 this paragraph as to permanent disability. No award may be
4 entered for permanent disability pursuant to this paragraph.
5 Either party may introduce into evidence the testimony taken
6 by deposition of any medical practitioner.

7 The Commission shall adopt rules, regulations and
8 procedures whereby the final decision of the Commission is
9 filed not later than 90 days from the date the petition for
10 review is filed but in no event later than 180 days from the
11 date the petition for an emergency hearing is filed with the
12 Illinois Workers' Compensation Commission.

13 All service required pursuant to this paragraph (b-1) must
14 be by personal service or by certified mail and with evidence
15 of receipt. In addition, for the purposes of this paragraph,
16 all service on the employer must be at the premises where the
17 accident occurred if the premises are owned or operated by the
18 employer. Otherwise service must be at the employee's
19 principal place of employment by the employer. If service on
20 the employer is not possible at either of the above, then
21 service shall be at the employer's principal place of
22 business. After initial service in each case, service shall be
23 made on the employer's attorney or designated representative.

24 (c)(1) At a reasonable time in advance of and in
25 connection with the hearing under Section 19(e) or 19(h), the
26 Commission may on its own motion order an impartial physical

1 or mental examination of a petitioner whose mental or physical
2 condition is in issue, when in the Commission's discretion it
3 appears that such an examination will materially aid in the
4 just determination of the case. The examination shall be made
5 by a member or members of a panel of physicians chosen for
6 their special qualifications by the Illinois State Medical
7 Society. The Commission shall establish procedures by which a
8 physician shall be selected from such list.

9 (2) Should the Commission at any time during the hearing
10 find that compelling considerations make it advisable to have
11 an examination and report at that time, the Commission may in
12 its discretion so order.

13 (3) A copy of the report of examination shall be given to
14 the Commission and to the attorneys for the parties.

15 (4) Either party or the Commission may call the examining
16 physician or physicians to testify. Any physician so called
17 shall be subject to cross-examination.

18 (5) The examination shall be made, and the physician or
19 physicians, if called, shall testify, without cost to the
20 parties. The Commission shall determine the compensation and
21 the pay of the physician or physicians. The compensation for
22 this service shall not exceed the usual and customary amount
23 for such service.

24 The fees and payment thereof of all attorneys and
25 physicians for services authorized by the Commission under
26 this Act shall, upon request of either the employer or the

1 employee or the beneficiary affected, be subject to the review
2 and decision of the Commission.

3 (d) If any employee shall persist in insanitary or
4 injurious practices which tend to either imperil or retard his
5 recovery or shall refuse to submit to such medical, surgical,
6 or hospital treatment as is reasonably essential to promote
7 his recovery, the Commission may, in its discretion, reduce or
8 suspend the compensation of any such employee; provided, that
9 when an employer and employee so agree in writing, the
10 foregoing provision shall not be construed to authorize the
11 reduction or suspension of compensation of an employee who is
12 relying in good faith, on treatment by prayer or spiritual
13 means alone, in accordance with the tenets and practice of a
14 recognized church or religious denomination, by a duly
15 accredited practitioner thereof.

16 (e) This paragraph shall apply to all hearings before the
17 Commission. Such hearings may be held in its office or
18 elsewhere as the Commission may deem advisable. The taking of
19 testimony on such hearings may be had before any member of the
20 Commission. If a petition for review and agreed statement of
21 facts or transcript of evidence is filed, as provided herein,
22 the Commission shall promptly review the decision of the
23 Arbitrator and all questions of law or fact which appear from
24 the statement of facts or transcripts of evidence. In all
25 cases in which the hearing before the arbitrator is held after
26 the effective date of this amendatory Act of 1989, no

1 additional evidence shall be introduced by the parties before
2 the Commission on review of the decision of the Arbitrator.
3 The Commission shall file in its office its decision thereon,
4 and shall immediately send to each party or his attorney a copy
5 of such decision and a notification of the time when it was
6 filed. Decisions shall be filed within 60 days after the
7 Statement of Exceptions and Supporting Brief and Response
8 thereto are required to be filed or oral argument whichever is
9 later.

10 In the event either party requests oral argument, such
11 argument shall be had before a panel of 3 members of the
12 Commission (or before all available members pursuant to the
13 determination of 7 members of the Commission that such
14 argument be held before all available members of the
15 Commission) pursuant to the rules and regulations of the
16 Commission. A panel of 3 members, which shall be comprised of
17 not more than one representative citizen of the employing
18 class and not more than one representative from a labor
19 organization recognized under the National Labor Relations Act
20 or an attorney who has represented labor organizations or has
21 represented employees in workers' compensation cases, shall
22 hear the argument; provided that if all the issues in dispute
23 are solely the nature and extent of the permanent partial
24 disability, if any, a majority of the panel may deny the
25 request for such argument and such argument shall not be held;
26 and provided further that 7 members of the Commission may

1 determine that the argument be held before all available
2 members of the Commission. A decision of the Commission shall
3 be approved by a majority of Commissioners present at such
4 hearing if any; provided, if no such hearing is held, a
5 decision of the Commission shall be approved by a majority of a
6 panel of 3 members of the Commission as described in this
7 Section. The Commission shall give 10 days' notice to the
8 parties or their attorneys of the time and place of such taking
9 of testimony and of such argument.

10 In any case the Commission in its decision may in its
11 discretion find specially upon any question or questions of
12 law or facts which shall be submitted in writing by either
13 party whether ultimate or otherwise; provided that on issues
14 other than nature and extent of the disablement, if any, the
15 Commission in its decision shall find specially upon any
16 question or questions of law or fact, whether ultimate or
17 otherwise, which are submitted in writing by either party;
18 provided further that not more than 5 such questions may be
19 submitted by either party. Any party may, within 20 days after
20 receipt of notice of the Commission's decision, or within such
21 further time, not exceeding 30 days, as the Commission may
22 grant, file with the Commission either an agreed statement of
23 the facts appearing upon the hearing, or, if such party shall
24 so elect, a correct transcript of evidence of the additional
25 proceedings presented before the Commission in which report
26 the party may embody a correct statement of such other

1 proceedings in the case as such party may desire to have
2 reviewed, such statement of facts or transcript of evidence to
3 be authenticated by the signature of the parties or their
4 attorneys, and in the event that they do not agree, then the
5 authentication of such transcript of evidence shall be by the
6 signature of any member of the Commission.

7 If a reporter does not for any reason furnish a transcript
8 of the proceedings before the Arbitrator in any case for use on
9 a hearing for review before the Commission, within the
10 limitations of time as fixed in this Section, the Commission
11 may, in its discretion, order a trial de novo before the
12 Commission in such case upon application of either party. The
13 applications for adjustment of claim and other documents in
14 the nature of pleadings filed by either party, together with
15 the decisions of the Arbitrator and of the Commission and the
16 statement of facts or transcript of evidence hereinbefore
17 provided for in paragraphs (b) and (c) shall be the record of
18 the proceedings of the Commission, and shall be subject to
19 review as hereinafter provided.

20 At the request of either party or on its own motion, the
21 Commission shall set forth in writing the reasons for the
22 decision, including findings of fact and conclusions of law,
23 separately stated. The Commission shall by rule adopt a format
24 for written decisions for the Commission and arbitrators. The
25 written decisions shall be concise and shall succinctly state
26 the facts and reasons for the decision. The Commission may

1 adopt in whole or in part, the decision of the arbitrator as
2 the decision of the Commission. When the Commission does so
3 adopt the decision of the arbitrator, it shall do so by order.
4 Whenever the Commission adopts part of the arbitrator's
5 decision, but not all, it shall include in the order the
6 reasons for not adopting all of the arbitrator's decision.
7 When a majority of a panel, after deliberation, has arrived at
8 its decision, the decision shall be filed as provided in this
9 Section without unnecessary delay, and without regard to the
10 fact that a member of the panel has expressed an intention to
11 dissent. Any member of the panel may file a dissent. Any
12 dissent shall be filed no later than 10 days after the decision
13 of the majority has been filed.

14 Decisions rendered by the Commission after the effective
15 date of this amendatory Act of 1980 and dissents, if any, shall
16 be published together by the Commission. The conclusions of
17 law set out in such decisions shall be regarded as precedents
18 by arbitrators, for the purpose of achieving a more uniform
19 administration of this Act.

20 (f) The decision of the Commission acting within its
21 powers, according to the provisions of paragraph (e) of this
22 Section shall, in the absence of fraud, be conclusive unless
23 reviewed as in this paragraph hereinafter provided. However,
24 the Arbitrator or the Commission may on his or its own motion,
25 or on the motion of either party, correct any clerical error or
26 errors in computation within 15 days after the date of receipt

1 of any award by such Arbitrator or any decision on review of
2 the Commission, and shall have the power to recall the
3 original award on arbitration or decision on review, and issue
4 in lieu thereof such corrected award or decision. Where such
5 correction is made the time for review herein specified shall
6 begin to run from the date of the receipt of the corrected
7 award or decision.

8 (1) Except in cases of claims against the State of
9 Illinois, in which case the decision of the Commission
10 shall not be subject to judicial review, the Circuit Court
11 of the county where any of the parties defendant may be
12 found, or if none of the parties defendant be found in this
13 State then the Circuit Court of the county where any of the
14 exposure occurred, shall by summons to the Commission have
15 power to review all questions of law and fact presented by
16 such record.

17 A proceeding for review shall be commenced within 20
18 days of the receipt of notice of the decision of the
19 Commission. The summons shall be issued by the clerk of
20 such court upon written request returnable on a designated
21 return day, not less than 10 or more than 60 days from the
22 date of issuance thereof, and the written request shall
23 contain the last known address of other parties in
24 interest and their attorneys of record who are to be
25 served by summons. Service upon any member of the
26 Commission or the Secretary or the Assistant Secretary

1 thereof shall be service upon the Commission, and service
2 upon other parties in interest and their attorneys of
3 record shall be by summons, and such service shall be made
4 upon the Commission and other parties in interest by
5 mailing notices of the commencement of the proceedings and
6 the return day of the summons to the office of the
7 Commission and to the last known place of residence of
8 other parties in interest or their attorney or attorneys
9 of record. The clerk of the court issuing the summons
10 shall on the day of issue mail notice of the commencement
11 of the proceedings which shall be done by mailing a copy of
12 the summons to the office of the Commission, and a copy of
13 the summons to the other parties in interest or their
14 attorney or attorneys of record and the clerk of the court
15 shall make certificate that he has so sent such notices in
16 pursuance of this Section, which shall be evidence of
17 service on the Commission and other parties in interest.

18 The Commission shall not be required to certify the
19 record of their proceedings in the Circuit Court unless
20 the party commencing the proceedings for review in the
21 Circuit Court as above provided, shall file with the
22 Commission notice of intent to file for review in Circuit
23 Court. It shall be the duty of the Commission upon such
24 filing of notice of intent to file for review in Circuit
25 Court to prepare a true and correct copy of such testimony
26 and a true and correct copy of all other matters contained

1 in such record and certified to by the Secretary or
2 Assistant Secretary thereof. The changes made to this
3 subdivision (f)(1) by this amendatory Act of the 98th
4 General Assembly apply to any Commission decision entered
5 after the effective date of this amendatory Act of the
6 98th General Assembly.

7 No request for a summons may be filed and no summons
8 shall issue unless the party seeking to review the
9 decision of the Commission shall exhibit to the clerk of
10 the Circuit Court proof of filing with the Commission of
11 the notice of the intent to file for review in the Circuit
12 Court or an affidavit of the attorney setting forth that
13 notice of intent to file for review in Circuit Court has
14 been given in writing to the Secretary or Assistant
15 Secretary of the Commission.

16 (2) No such summons shall issue unless the one against
17 whom the Commission shall have rendered an award for the
18 payment of money shall upon the filing of his written
19 request for such summons file with the clerk of the court a
20 bond conditioned that if he shall not successfully
21 prosecute the review, he will pay the award and the costs
22 of the proceedings in the court. The amount of the bond
23 shall be fixed by any member of the Commission and the
24 surety or sureties of the bond shall be approved by the
25 clerk of the court. The acceptance of the bond by the clerk
26 of the court shall constitute evidence of his approval of

1 the bond.

2 The following ~~Every county, city, town, township,~~
3 ~~incorporated village, school district, body politic or~~
4 ~~municipal corporation having a population of 500,000 or~~
5 ~~more against whom the Commission shall have rendered an~~
6 ~~award for the payment of money~~ shall not be required to
7 file a bond to secure the payment of the award and the
8 costs of the proceedings in the court to authorize the
9 court to issue such summons:—

10 (1) the State Treasurer, for a fund administered
11 by the State Treasurer ex officio against whom the
12 Commission shall have rendered an award for the
13 payment of money; and

14 (2) a county, city, town, township, incorporated
15 village, school district, body politic, or municipal
16 corporation having a population of 500,000 or more
17 against whom the Commission shall have rendered an
18 award for the payment of money.

19 The court may confirm or set aside the decision of the
20 Commission. If the decision is set aside and the facts
21 found in the proceedings before the Commission are
22 sufficient, the court may enter such decision as is
23 justified by law, or may remand the cause to the
24 Commission for further proceedings and may state the
25 questions requiring further hearing, and give such other
26 instructions as may be proper. Appeals shall be taken to

1 the Appellate Court in accordance with Supreme Court Rules
2 22(g) and 303. Appeals shall be taken from the Appellate
3 Court to the Supreme Court in accordance with Supreme
4 Court Rule 315.

5 It shall be the duty of the clerk of any court
6 rendering a decision affecting or affirming an award of
7 the Commission to promptly furnish the Commission with a
8 copy of such decision, without charge.

9 The decision of a majority of the members of the panel
10 of the Commission, shall be considered the decision of the
11 Commission.

12 (g) Except in the case of a claim against the State of
13 Illinois, either party may present a certified copy of the
14 award of the Arbitrator, or a certified copy of the decision of
15 the Commission when the same has become final, when no
16 proceedings for review are pending, providing for the payment
17 of compensation according to this Act, to the Circuit Court of
18 the county in which such exposure occurred or either of the
19 parties are residents, whereupon the court shall enter a
20 judgment in accordance therewith. In case where the employer
21 refuses to pay compensation according to such final award or
22 such final decision upon which such judgment is entered, the
23 court shall in entering judgment thereon, tax as costs against
24 him the reasonable costs and attorney fees in the arbitration
25 proceedings and in the court entering the judgment for the
26 person in whose favor the judgment is entered, which judgment

1 and costs taxed as herein provided shall, until and unless set
2 aside, have the same effect as though duly entered in an action
3 duly tried and determined by the court, and shall with like
4 effect, be entered and docketed. The Circuit Court shall have
5 power at any time upon application to make any such judgment
6 conform to any modification required by any subsequent
7 decision of the Supreme Court upon appeal, or as the result of
8 any subsequent proceedings for review, as provided in this
9 Act.

10 Judgment shall not be entered until 15 days' notice of the
11 time and place of the application for the entry of judgment
12 shall be served upon the employer by filing such notice with
13 the Commission, which Commission shall, in case it has on file
14 the address of the employer or the name and address of its
15 agent upon whom notices may be served, immediately send a copy
16 of the notice to the employer or such designated agent.

17 (h) An agreement or award under this Act providing for
18 compensation in installments, may at any time within 18 months
19 after such agreement or award be reviewed by the Commission at
20 the request of either the employer or the employee on the
21 ground that the disability of the employee has subsequently
22 recurred, increased, diminished or ended.

23 However, as to disablements occurring subsequently to July
24 1, 1955, which are covered by any agreement or award under this
25 Act providing for compensation in installments made as a
26 result of such disablement, such agreement or award may at any

1 time within 30 months after such agreement or award be
2 reviewed by the Commission at the request of either the
3 employer or the employee on the ground that the disability of
4 the employee has subsequently recurred, increased, diminished
5 or ended.

6 On such review compensation payments may be
7 re-established, increased, diminished or ended. The Commission
8 shall give 15 days' notice to the parties of the hearing for
9 review. Any employee, upon any petition for such review being
10 filed by the employer, shall be entitled to one day's notice
11 for each 100 miles necessary to be traveled by him in attending
12 the hearing of the Commission upon the petition, and 3 days in
13 addition thereto. Such employee shall, at the discretion of
14 the Commission, also be entitled to 5 cents per mile
15 necessarily traveled by him within the State of Illinois in
16 attending such hearing, not to exceed a distance of 300 miles,
17 to be taxed by the Commission as costs and deposited with the
18 petition of the employer.

19 When compensation which is payable in accordance with an
20 award or settlement contract approved by the Commission, is
21 ordered paid in a lump sum by the Commission, no review shall
22 be had as in this paragraph mentioned.

23 (i) Each party, upon taking any proceedings or steps
24 whatsoever before any Arbitrator, Commission or court, shall
25 file with the Commission his address, or the name and address
26 of any agent upon whom all notices to be given to such party

1 shall be served, either personally or by registered mail,
2 addressed to such party or agent at the last address so filed
3 with the Commission. In the event such party has not filed his
4 address, or the name and address of an agent as above provided,
5 service of any notice may be had by filing such notice with the
6 Commission.

7 (j) Whenever in any proceeding testimony has been taken or
8 a final decision has been rendered, and after the taking of
9 such testimony or after such decision has become final, the
10 employee dies, then in any subsequent proceeding brought by
11 the personal representative or beneficiaries of the deceased
12 employee, such testimony in the former proceeding may be
13 introduced with the same force and effect as though the
14 witness having so testified were present in person in such
15 subsequent proceedings and such final decision, if any, shall
16 be taken as final adjudication of any of the issues which are
17 the same in both proceedings.

18 (k) In any case where there has been any unreasonable or
19 vexatious delay of payment or intentional underpayment of
20 compensation, or proceedings have been instituted or carried
21 on by one liable to pay the compensation, which do not present
22 a real controversy, but are merely frivolous or for delay,
23 then the Commission may award compensation additional to that
24 otherwise payable under this Act equal to 50% of the amount
25 payable at the time of such award. Failure to pay compensation
26 in accordance with the provisions of Section 8, paragraph (b)

1 of this Act, shall be considered unreasonable delay.

2 When determining whether this subsection (k) shall apply,
3 the Commission shall consider whether an arbitrator has
4 determined that the claim is not compensable or whether the
5 employer has made payments under Section 8(j) of the Workers'
6 Compensation Act.

7 (k-1) If the employee has made written demand for payment
8 of benefits under Section 8(a) or Section 8(b) of the Workers'
9 Compensation Act, the employer shall have 14 days after
10 receipt of the demand to set forth in writing the reason for
11 the delay. In the case of demand for payment of medical
12 benefits under Section 8(a) of the Workers' Compensation Act,
13 the time for the employer to respond shall not commence until
14 the expiration of the allotted 60 days specified under Section
15 8.2(d) of the Workers' Compensation Act. In case the employer
16 or his or her insurance carrier shall without good and just
17 cause fail, neglect, refuse, or unreasonably delay the payment
18 of benefits under Section 8(a) or Section 8(b) of the Workers'
19 Compensation Act, the Arbitrator or the Commission shall allow
20 to the employee additional compensation in the sum of \$30 per
21 day for each day that the benefits under Section 8(a) or
22 Section 8(b) of the Workers' Compensation Act have been so
23 withheld or refused, not to exceed \$10,000. A delay in payment
24 of 14 days or more shall create a rebuttable presumption of
25 unreasonable delay.

26 (1) By the 15th day of each month each insurer providing

1 coverage for losses under this Act shall notify each insured
2 employer of any compensable claim incurred during the
3 preceding month and the amounts paid or reserved on the claim
4 including a summary of the claim and a brief statement of the
5 reasons for compensability. A cumulative report of all claims
6 incurred during a calendar year or continued from the previous
7 year shall be furnished to the insured employer by the insurer
8 within 30 days after the end of that calendar year.

9 The insured employer may challenge, in proceeding before
10 the Commission, payments made by the insurer without
11 arbitration and payments made after a case is determined to be
12 noncompensable. If the Commission finds that the case was not
13 compensable, the insurer shall purge its records as to that
14 employer of any loss or expense associated with the claim,
15 reimburse the employer for attorneys fee arising from the
16 challenge and for any payment required of the employer to the
17 Rate Adjustment Fund or the Second Injury Fund, and may not
18 effect the loss or expense for rate making purposes. The
19 employee shall not be required to refund the challenged
20 payment. The decision of the Commission may be reviewed in the
21 same manner as in arbitrated cases. No challenge may be
22 initiated under this paragraph more than 3 years after the
23 payment is made. An employer may waive the right of challenge
24 under this paragraph on a case by case basis.

25 (m) After filing an application for adjustment of claim
26 but prior to the hearing on arbitration the parties may

1 voluntarily agree to submit such application for adjustment of
2 claim for decision by an arbitrator under this subsection (m)
3 where such application for adjustment of claim raises only a
4 dispute over temporary total disability, permanent partial
5 disability or medical expenses. Such agreement shall be in
6 writing in such form as provided by the Commission.
7 Applications for adjustment of claim submitted for decision by
8 an arbitrator under this subsection (m) shall proceed
9 according to rule as established by the Commission. The
10 Commission shall promulgate rules including, but not limited
11 to, rules to ensure that the parties are adequately informed
12 of their rights under this subsection (m) and of the voluntary
13 nature of proceedings under this subsection (m). The findings
14 of fact made by an arbitrator acting within his or her powers
15 under this subsection (m) in the absence of fraud shall be
16 conclusive. However, the arbitrator may on his own motion, or
17 the motion of either party, correct any clerical errors or
18 errors in computation within 15 days after the date of receipt
19 of such award of the arbitrator and shall have the power to
20 recall the original award on arbitration, and issue in lieu
21 thereof such corrected award. The decision of the arbitrator
22 under this subsection (m) shall be considered the decision of
23 the Commission and proceedings for review of questions of law
24 arising from the decision may be commenced by either party
25 pursuant to subsection (f) of Section 19. The Advisory Board
26 established under Section 13.1 of the Workers' Compensation

1 Act shall compile a list of certified Commission arbitrators,
2 each of whom shall be approved by at least 7 members of the
3 Advisory Board. The chairman shall select 5 persons from such
4 list to serve as arbitrators under this subsection (m). By
5 agreement, the parties shall select one arbitrator from among
6 the 5 persons selected by the chairman except, that if the
7 parties do not agree on an arbitrator from among the 5 persons,
8 the parties may, by agreement, select an arbitrator of the
9 American Arbitration Association, whose fee shall be paid by
10 the State in accordance with rules promulgated by the
11 Commission. Arbitration under this subsection (m) shall be
12 voluntary.

13 (Source: P.A. 101-384, eff. 1-1-20.)

14 Section 50. The Unemployment Insurance Act is amended by
15 changing Section 1900 as follows:

16 (820 ILCS 405/1900) (from Ch. 48, par. 640)

17 Sec. 1900. Disclosure of information.

18 A. Except as provided in this Section, information
19 obtained from any individual or employing unit during the
20 administration of this Act shall:

- 21 1. be confidential,
- 22 2. not be published or open to public inspection,
- 23 3. not be used in any court in any pending action or
24 proceeding,

1 4. not be admissible in evidence in any action or
2 proceeding other than one arising out of this Act.

3 B. No finding, determination, decision, ruling, or order
4 (including any finding of fact, statement or conclusion made
5 therein) issued pursuant to this Act shall be admissible or
6 used in evidence in any action other than one arising out of
7 this Act, nor shall it be binding or conclusive except as
8 provided in this Act, nor shall it constitute res judicata,
9 regardless of whether the actions were between the same or
10 related parties or involved the same facts.

11 C. Any officer or employee of this State, any officer or
12 employee of any entity authorized to obtain information
13 pursuant to this Section, and any agent of this State or of
14 such entity who, except with authority of the Director under
15 this Section or as authorized pursuant to subsection P-1,
16 shall disclose information shall be guilty of a Class B
17 misdemeanor and shall be disqualified from holding any
18 appointment or employment by the State.

19 D. An individual or his duly authorized agent may be
20 supplied with information from records only to the extent
21 necessary for the proper presentation of his claim for
22 benefits or with his existing or prospective rights to
23 benefits. Discretion to disclose this information belongs
24 solely to the Director and is not subject to a release or
25 waiver by the individual. Notwithstanding any other provision
26 to the contrary, an individual or his or her duly authorized

1 agent may be supplied with a statement of the amount of
2 benefits paid to the individual during the 18 months preceding
3 the date of his or her request.

4 E. An employing unit may be furnished with information,
5 only if deemed by the Director as necessary to enable it to
6 fully discharge its obligations or safeguard its rights under
7 the Act. Discretion to disclose this information belongs
8 solely to the Director and is not subject to a release or
9 waiver by the employing unit.

10 F. The Director may furnish any information that he may
11 deem proper to any public officer or public agency of this or
12 any other State or of the federal government dealing with:

- 13 1. the administration of relief,
- 14 2. public assistance,
- 15 3. unemployment compensation,
- 16 4. a system of public employment offices,
- 17 5. wages and hours of employment, or
- 18 6. a public works program.

19 The Director may make available to the Illinois Workers'
20 Compensation Commission or the Department of Insurance
21 information regarding employers for the purpose of verifying
22 the insurance coverage required under the Workers'
23 Compensation Act and Workers' Occupational Diseases Act.

24 G. The Director may disclose information submitted by the
25 State or any of its political subdivisions, municipal
26 corporations, instrumentalities, or school or community

1 college districts, except for information which specifically
2 identifies an individual claimant.

3 H. The Director shall disclose only that information
4 required to be disclosed under Section 303 of the Social
5 Security Act, as amended, including:

6 1. any information required to be given the United
7 States Department of Labor under Section 303(a)(6); and

8 2. the making available upon request to any agency of
9 the United States charged with the administration of
10 public works or assistance through public employment, the
11 name, address, ordinary occupation, and employment status
12 of each recipient of unemployment compensation, and a
13 statement of such recipient's right to further
14 compensation under such law as required by Section
15 303(a)(7); and

16 3. records to make available to the Railroad
17 Retirement Board as required by Section 303(c)(1); and

18 4. information that will assure reasonable cooperation
19 with every agency of the United States charged with the
20 administration of any unemployment compensation law as
21 required by Section 303(c)(2); and

22 5. information upon request and on a reimbursable
23 basis to the United States Department of Agriculture and
24 to any State food stamp agency concerning any information
25 required to be furnished by Section 303(d); and

26 6. any wage information upon request and on a

1 reimbursable basis to any State or local child support
2 enforcement agency required by Section 303(e); and

3 7. any information required under the income
4 eligibility and verification system as required by Section
5 303(f); and

6 8. information that might be useful in locating an
7 absent parent or that parent's employer, establishing
8 paternity or establishing, modifying, or enforcing child
9 support orders for the purpose of a child support
10 enforcement program under Title IV of the Social Security
11 Act upon the request of and on a reimbursable basis to the
12 public agency administering the Federal Parent Locator
13 Service as required by Section 303(h); and

14 9. information, upon request, to representatives of
15 any federal, State, or local governmental public housing
16 agency with respect to individuals who have signed the
17 appropriate consent form approved by the Secretary of
18 Housing and Urban Development and who are applying for or
19 participating in any housing assistance program
20 administered by the United States Department of Housing
21 and Urban Development as required by Section 303(i).

22 I. The Director, upon the request of a public agency of
23 Illinois, of the federal government, or of any other state
24 charged with the investigation or enforcement of Section 10-5
25 of the Criminal Code of 2012 (or a similar federal law or
26 similar law of another State), may furnish the public agency

1 information regarding the individual specified in the request
2 as to:

3 1. the current or most recent home address of the
4 individual, and

5 2. the names and addresses of the individual's
6 employers.

7 J. Nothing in this Section shall be deemed to interfere
8 with the disclosure of certain records as provided for in
9 Section 1706 or with the right to make available to the
10 Internal Revenue Service of the United States Department of
11 the Treasury, or the Department of Revenue of the State of
12 Illinois, information obtained under this Act. With respect to
13 each benefit claim that appears to have been filed other than
14 by the individual in whose name the claim was filed or by the
15 individual's authorized agent and with respect to which
16 benefits were paid during the prior calendar year, the
17 Director shall annually report to the Department of Revenue
18 information that is in the Director's possession and may
19 assist in avoiding negative income tax consequences for the
20 individual in whose name the claim was filed.

21 K. The Department shall make available to the Illinois
22 Student Assistance Commission, upon request, information in
23 the possession of the Department that may be necessary or
24 useful to the Commission in the collection of defaulted or
25 delinquent student loans which the Commission administers.

26 L. The Department shall make available to the State

1 Employees' Retirement System, the State Universities
2 Retirement System, the Teachers' Retirement System of the
3 State of Illinois, and the Department of Central Management
4 Services, Risk Management Division, upon request, information
5 in the possession of the Department that may be necessary or
6 useful to the System or the Risk Management Division for the
7 purpose of determining whether any recipient of a disability
8 benefit from the System or a workers' compensation benefit
9 from the Risk Management Division is gainfully employed.

10 M. This Section shall be applicable to the information
11 obtained in the administration of the State employment
12 service, except that the Director may publish or release
13 general labor market information and may furnish information
14 that he may deem proper to an individual, public officer, or
15 public agency of this or any other State or the federal
16 government (in addition to those public officers or public
17 agencies specified in this Section) as he prescribes by Rule.

18 N. The Director may require such safeguards as he deems
19 proper to insure that information disclosed pursuant to this
20 Section is used only for the purposes set forth in this
21 Section.

22 O. Nothing in this Section prohibits communication with an
23 individual or entity through unencrypted e-mail or other
24 unencrypted electronic means as long as the communication does
25 not contain the individual's or entity's name in combination
26 with any one or more of the individual's or entity's entire or

1 partial social security number; driver's license or State
2 identification number; credit or debit card number; or any
3 required security code, access code, or password that would
4 permit access to further information pertaining to the
5 individual or entity.

6 P. (Blank).

7 P-1. With the express written consent of a claimant or
8 employing unit and an agreement not to publicly disclose, the
9 Director shall provide requested information related to a
10 claim to an elected official performing constituent services
11 or his or her agent.

12 Q. The Director shall make available to an elected federal
13 official the name and address of an individual or entity that
14 is located within the jurisdiction from which the official was
15 elected and that, for the most recently completed calendar
16 year, has reported to the Department as paying wages to
17 workers, where the information will be used in connection with
18 the official duties of the official and the official requests
19 the information in writing, specifying the purposes for which
20 it will be used. For purposes of this subsection, the use of
21 information in connection with the official duties of an
22 official does not include use of the information in connection
23 with the solicitation of contributions or expenditures, in
24 money or in kind, to or on behalf of a candidate for public or
25 political office or a political party or with respect to a
26 public question, as defined in Section 1-3 of the Election

1 Code, or in connection with any commercial solicitation. Any
2 elected federal official who, in submitting a request for
3 information covered by this subsection, knowingly makes a
4 false statement or fails to disclose a material fact, with the
5 intent to obtain the information for a purpose not authorized
6 by this subsection, shall be guilty of a Class B misdemeanor.

7 R. The Director may provide to any State or local child
8 support agency, upon request and on a reimbursable basis,
9 information that might be useful in locating an absent parent
10 or that parent's employer, establishing paternity, or
11 establishing, modifying, or enforcing child support orders.

12 S. The Department shall make available to a State's
13 Attorney of this State or a State's Attorney's investigator,
14 upon request, the current address or, if the current address
15 is unavailable, current employer information, if available, of
16 a victim of a felony or a witness to a felony or a person
17 against whom an arrest warrant is outstanding.

18 T. The Director shall make available to the Illinois State
19 Police, a county sheriff's office, or a municipal police
20 department, upon request, any information concerning the
21 current address and place of employment or former places of
22 employment of a person who is required to register as a sex
23 offender under the Sex Offender Registration Act that may be
24 useful in enforcing the registration provisions of that Act.

25 U. The Director shall make information available to the
26 Department of Healthcare and Family Services and the

1 Department of Human Services for the purpose of determining
2 eligibility for public benefit programs authorized under the
3 Illinois Public Aid Code and related statutes administered by
4 those departments, for verifying sources and amounts of
5 income, and for other purposes directly connected with the
6 administration of those programs.

7 V. The Director shall make information available to the
8 State Board of Elections as may be required by an agreement the
9 State Board of Elections has entered into with a multi-state
10 voter registration list maintenance system.

11 W. The Director shall make information available to the
12 State Treasurer's office and the Department of Revenue for the
13 purpose of facilitating compliance with the Illinois Secure
14 Choice Savings Program Act, including employer contact
15 information for employers with 25 or more employees and any
16 other information the Director deems appropriate that is
17 directly related to the administration of this program.

18 X. The Director shall make information available, upon
19 request, to the Illinois Student Assistance Commission for the
20 purpose of determining eligibility for the adult vocational
21 community college scholarship program under Section 65.105 of
22 the Higher Education Student Assistance Act.

23 Y. Except as required under State or federal law, or
24 unless otherwise provided for in this Section, the Department
25 shall not disclose an individual's entire social security
26 number in any correspondence physically mailed to an

1 individual or entity.

2 (Source: P.A. 101-315, eff. 1-1-20; 102-26, eff. 6-25-21;

3 102-538, eff. 8-20-21; revised 11-8-21.)

4 Section 99. Effective date. This Act takes effect upon

5 becoming law.